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THE
BUFFALO
MEDICAL AND SURGICAL JOURNAL.

VOL. XX.—NOVEMBER, 1880.—NO. 4.

Original Communications.

THE TREATMENT OF NEPHRITIC COLIC.*

BY CHARLES G. STOCKTON, M. D.

AFTER the lapse of 2,000 years, the etiology of calculous deposits is nearly as obscure as in the days of Hippocrates, and, although our knowledge of the nature of urinary calculi has greatly increased since the investigations of Wallaston, throwing much light upon the treatment, enough yet remains for discovery and research.

The pain occasioned by renal calculus differs widely both in kind and degree, depending upon the character of the concretion, the peculiarity of the patient, and a variety of other circumstances. Lodged in the pelvis of the kidney, the stone is irregular in its manifestations; at times producing no discomfort, again, a sense of oppression is felt in the region of the affected organ, varied by a dull, full, bursting pain that radiates through the sympathetic nervous system, causing anorexia, looseness of the bowels, frequent and scanty micturition, and marked irritability and peevishness. Active treatment is not here indicated.

---

* A paper giving personal experience, read before the Buffalo Medical Club, Sept. 15th, 1880.

Rest, with a mild diuretic, and a dose of bromide of potassium, has often tided me over such attacks. The brisk secretion of urine appears to lessen the irritability of the kidney, and copious draughts of pure or mildly alkaline water relieves the patient.

Sydenham enthusiastically advocates the use of beer "To cool off the ardent humors that remain in the kidneys and produce stone." Segalas and more recent writers re-inforce this statement. I found that beer aggravated these symptoms, as did sour wine and cider. Most writers pronounce beer and all fermented drinks injurious. Sydenham having experienced personal benefit from the frequent use of cathartics, recommends the use of manna and lemon juice. (This acted unfavorably in my own case where the stone was oxalate of lime.)

But diluents, recommended by the most ancient of medical authorities, still best subserve our purpose at this time. So much for a condition of comparative repose. It is after some unusual exertion that a sensation of uneasiness and qualmishness, is experienced, followed soon by intense pain in the lumbar and inguinal regions of the affected side; this shoots down into the corresponding testicle, which alone, or with its fellow, is violently retracted. Micturition is painful and almost continuous, the urine scanty, highly acid, of a grayish hue and mingled with blood. The gastric apparatus is greatly disturbed; there is flatulence, colic, frequent dejections, tenesmus.

The pain is best controlled by morphia and atropia, hypodermically, and the application of heat either by long continued general bath, or by rubber hot-water bags placed under the back and about the scrotum. I can not speak too highly of the hot-water bag as an epithem. It is more efficacious than the bath since it can be used continuously without fatigue to the patient.

The stone may remain in the kidney indefinitely, or it may descend the ureter into the bladder, and language fails to portray the torture that accompanies this transit. The attack is ushered in with a sudden aggravation of the symptoms before described.

The pain assumes the paroxysmal type, and, together with the attending wretchedness, is of such an overwhelming nature as to paralize the stoutest individual. Print says: "I have known nephritic colic accompanied by syncope, and in one or two cases by epilepsy,"

Owing to the peculiar formation of the ureter, narrow where it communicates with the bladder, the greatest distress is felt just before the calculus escapes into that vessel, after which the acute pains commonly cease.

Curative treatment, that calculated to dissolve and expel the concretion, in selected cases, is efficacious.

Roberts says: "For therapeutical purposes, urinary calculi may be divided into two classes, viz., those which are *soluble in alkalies*, and those which are *soluble in acids.* To the former category belong uric acid, the urates, and cystine; to the latter phosphatic and mulberry calculi. Those which are soluble in alkalies may (conceivably) be attacked by alkalizing the urine by means of certain salts administered by the month. * * * Acids can not be made to pass through the kidneys, save in insignificant proportions.

It will, * * be shown * * also, that mulberry calculi are unassailable by any solvent method hitherto proposed; so that the solvent treatment of urinary calculi resolves itself, practically, into * * attacking uric acid calculi (and their congeners) by alkalizing the urine by means of medicines administered internally * *."

These views are well grounded, but as five-sixths of all renal deposits are uric acid, we may expect a fair proportion of good results.

The solvent treatment is old. In 1739 a remedy for stone, the nostrum of Joanna Stephens, "composed of burnt egg-shells, and snails, with Alicant soap," attracted great attention in England. It fell into disrepute from being used in all cases of urolithiasis. The alkaline treatment was somewhat revived by the discoveries of Wallaston and Fourcroy, concerning the nature and composition of urinary calculi.

Potash has greater solvent powers than soda upon uric acid. Roberts advised the use of the citrate or acetate, in a solution containing one drachm (3.89) to the pint, (496.) to be given every four hours. Others recommend carbonate of potash, the bicarbonate of soda, the carbonate of lithia. Heller prefers phosphate of soda and prescribes doses of six drachms, (23.3). The treatment must be continued for weeks, or until the stone is supposed to be dissolved, always discontinuing the alkalies when the urine becomes ammoniacal.

Exercise, with diluents, sometimes succeeds in dislodging the stone, bringing it into the bladder.

Something remains to be said of the preventive treatment and therefore of the etiology of the disorder. Atmospheric influences exert considerable power in changing the character of the urine, as all have noticed in our variable climate. Dickinson has collaborated the following table from the Registrar's Reports, showing the proportion of deaths from all kidney diseases in the various cities mentioned.

	Cases.	Mean Temperature.
Aberdeen, - - -	1 in 49	49—0
London, - - - -	89	50—3
Edinburgh, - - - -	95	47—2
Dundee, - - - -	107	———
Melbourne, - - - -	110	57 —
Glasgow, - - - -	142	46—9
Paris, - - - - -	266	52—4
Bombay, - - - -	2800	80—6
Genoa, - - - - -	4303	61 —

One case in 49, at Aberdeen, compared with 1 in 4303, at Genoa, proves the influence of climate.

But it was not alone the cold of Aberdeen that made its average. Dr. Kane's men endured the most extreme cold without one instance of kidney affection. The same is said of Franklin and Parry.

The respiratory function is here so much exalted that the stress of excretion falls upon the lungs, and the oxydation is so active that much passes off by the lungs that in warmer climates would pass as excrementitious matter from the kidneys. The comparative immunity from kidney affections enjoyed by warm climates, may be explained on similar principles; other excreting organs than the kidneys are in a state of increased activity. A failure in the action of the skin would occasion a demand upon the liver and alimentary canal rather than upon the kidneys. In the temperate climate it appears that the kidneys sympathize and alternate with the skin more than do any other organs. So that, an exposure which in England would produce a nephritis, in India would develop hepatitis or dysentery. Materials that would be eliminated by the skin when active, are by cold forced to the kidneys, and this under unfavorable circumstances results in disturbances of those organs. These are the views of Dickinson expressed with regard to kidney diseases in general.

Ebstein, of Gottengen, says: "It was formerly thought that certain regions enjoyed immunity from calculous diseases. It was said, for instance, that the tropics were free from such affections. This is a mistake." He cites cases in India and Vera Cruz, and inclines to the belief that warm climates predispose to calculous deposits, because of the concentrated condition of the urine when the skin is active. This observation, however, is not borne out by facts.

Calculi, it is stated, depend largely upon mal-assimilation for their origin; and that besides climatic influences two other great factors are always to be considered, viz., diet and exercise. Regarding our diet—food and water—the profession has always been alert. Although in a state of ignorance regarding the more recondite vitalizing changes in digestion, we know that calculous deposits are related to disturbed assimilation.

Hippocrates says: "Men become affected with stone and kidney diseases from drinking all sorts of water."

There are some well authenticated cases in which the eating of strawberries is always followed by attacks of nephralgia, simulating nephritic colic. * * * This is a special case, but it indicates a principle.

Enormous eating should be proscribed; the meals should be small, frequently and regularly taken. Hard, particularly lime waters, should be interdicted; but the drinking in abundance of wholesome waters advised.

Upon drinking Niagara water I find the urine more acid and turbid. Drinking Bethesda, Apollinaris, or rain waters, increases and clears the urine, rendering it less acid. This is especially true of Bethesda water.

The Gettysburg katalsyne is an agreeable water, and has a favorable reputation as a remedy in renal concretions, as its constituents would lead us to suppose.

Probably the springs of Vichy provide the best waters for cases of the uric acid diathesis.

The Celestine spring is most frequented by patients with gravel, though without any apparent reason, as the spring is less alkaline than its fellows.

The Malvern water is a favorite in England. It is almost perfectly pure; so far as I know, the purest spring water on record. There is no end of good waters. I have for some time been drinking "Rosicrucian springs" water; it comes from Maine, is very agreeable, and is said to be like Apollinaris without the gas.

EASY METHODS OF DETECTING BLOOD-STAINS.

BY PROF. D. S. KELLICOTT, BUFFALO STATE NORMAL SCHOOL.

The detection of blood-stains, in a medico-legal sense and for other purposes, is certainly a question of grave importance. In criminal cases experts are ordinarily employed, but it is a hard fact that these experts have various degrees of expertness. Physicians are often called upon to testify in court, either as experts, or to corroborate or destroy expert testimony; therefore, the plain obligation to acquaint themselves with the recognized methods, and the state of scientific and professional knowledge relating to this subject, and to get both a theoretical and practical acquaintance with these methods. Although I am neither a doctor nor a professional chemist, I undertake to state several easy methods of detecting blood-stains, and in your presence attempt to demonstrate their efficiency.

The questions presented are these, "Is a given spot or stain caused by blood, and if so, is it human or not? two very distinct inquiries. To the first the examiner can ordinarily give a positive answer, obtaining his proof from one or all of these methods 1. Chemical reactions. 2. Microscopic examinations. 3. Spectroscopic examination.

It is often of much consequence to be able to affirm that the spot in question is due to blood. To the second question, although of more consequence, unfortunately a less positive answer can be given. There is at present but one known method of approaching the problem, i. e., by the size, shape and character of the corpuscles under the microscope, and when these are restored from blood once dried, many, I may say most, experts deny that these qualities are sufficiently constant to be decisive. The chemical and spectroscopic behavior of red blood after drying, derived from whatever source, is now held to be identical. I shall omit all consideration of the spectroscope in relation to this matter, except to remind you of Beal's statement that "the application of the microspectroscope to the detection of blood-stains has, on the whole, been most satisfactory; probably for the future this test will be that universally adopted." (*Mic. in Med.*) On the other hand Dr. J. G. Richardson says, "That it is not so delicate as the microscope and of no use in determining the kind." (*Med. Mic.*) I have too little practical acquaintance with this instrument to have an opinion. It seems to me that the microscope or chemical tests are sufficiently delicate for most cases; besides I incline to the plainest methods, yet after all, the nature of the case must determine what means shall be employed.

The easy chemical tests may be mentioned as follows:

1. Blood readily dissolves in distilled water, giving a reddish color. Blood dried upon iron and acted upon by the hydrated oxide of iron is insoluble in water. It dissolves, however, on adding citric acid. The undissolved threads of fibrine may be examined under the miscroscope and chemically tested. (Dissolves in acetic acid, colored by test liquid of Millon and Pettenkofer).

2. To the solution in water add weak ammonia, no change of color, or at least no change to *crimson*, which excludes certain vegetable stains.

3. Boil a small quantity of the aqueous solution, the color is discharged and grayish floculi appear in it from coagulated albumen; these disappear on adding solution of caustic potassa, the color becoming green by reflected light, red by transmitted light.

4. Obtain the hæmin crystals. This last reaction I consider very delicate, the crystals never failing to appear even when the quantity of dried clot is exceeding small; a fragment large enough to see distinctly is ample to afford scores of these characteristic forms. There are several methods of obtaining them, viz.:

1. Virchow's plan: The fragment is crushed, an equal quantity of common salt added. After thoroughly mixing, moistened with glacial acetic acid, covered and brought to boiling, or to dryness over the water bath.

2. Crush the fragment, add a drop of water holding a trace of common salt. I use one drop of a one-per-cent. solution to ten of water. Cover and so place a drop of glacial acetic that it will slowly run under, then heat over the water bath as before.

3. Boil the powdered blood with glacial acetic acid in a test tube and evaporate to dryness on a glass slip.

Other courses are prescribed, but unless the case is a special one, these, while simple, are entirely satisfactory. Reasonably skillful manipulation can not fail to give the charateristic, brown rhomboidal crystals, many lying singly, others in crosses or stars. There are no known crystals of other substances thus obtained likely to deceive a practiced eye. Different kinds of blood give similar crystals. They may be examined with a quarter. I prefer the first method named above, although the second gives the crystals more evenly distributed over the field. [Here the foregoing reactions were shown and the Association took an informal recess in order to examine the prepared crystals.]

The microscopical examination of blood-stains has received much careful attention, and this instrument of precision has in this field undoubtedly great possibilities; it has surely suffered on account of its friends, still I am not without hope, indeed I have the expectation that it may yet abundantly triumph. Is it not so that adverse opinions, as to its ability in these matters, arise more often from want of excellence in the glasses, or from want of manipulative skill in the operator than from the nature of the case?

The microscopic test depends mainly upon obtaining the corpuscles, red or white, or both; to determine whether or not it is mammalian upon their shape, size, melus, and if mammalian whether it is human or not, by the size alone. There are several rules given us for restoring the corpuscles; the simplest and most rational are these:

1. Dr. J. G. Richardson's method: Crush a minute fragment under cover, focus upon a suitable piece, a thin edge, then slowly run under distilled water.

2. The same with a one-per-cent. solution of common salt.

3. The same with glycerine and waters—specific gravity 1028, prepared by mixing four fluid ounces of water with three and one-half drachms of glycerine; some carbolic acid should be added if the mixture is to be kept for use.

After using each of the above fluids, I conclude that distilled water is quite as sure to give results as the others. To obtain red blood globules from a dried mass, sufficiently perfect for the determination of their characters, is not nearly so easy or sure, as the books make it, and to get them so well that measurements differentiate the blood is of course much more so. Beal and Richardson mention high powers and glasses of superior quality as the necessary equipment for such work. My experience teaches that there is no use to try to do anything with this matter without high powers. I believe the very best objectives for the purpose are the modern four-system, sixth or tenth of the highest angle, and these in connection with solid eye-pieces.

Experimenting with human blood, dried in a mass on a glass slip, using a fairly good one-sixteenth inch objective, I obtained results as follows: 1. Every trial gave the lymph globules. 2. Every trial gave, after the color was well discharged, threads of fibrine. 3. One-half of the trials gave the red globules so well that I could declare that they were not from reptiles, fishes, or birds. 4. One attempt in five gave the red ones so satisfactorily, that some few could be measured with accuracy, and by the way, my measurements of such (using the camera) came very near the standard size of these discs when dried in film on a glass slide. A series of experiments with dried snake's blood, using the one-eighth inch objective, gave rather more favorable results. When too much water was used, and the outline of the corpuscles were invisible, the nuclei were often seen in masses which were quite deceiving, under a quarter inch objective they appeared quite like globules of another sort.

Is a stain due to human blood or not? I would not undertake to say in a case where any thing in particular depended upon it. I will not say that I think it doubtful whether those professing to be able to so determine as really able or not, but I can pretty safely say that the number who ought to attempt such determination are very few. [Here slides were prepared, and the globules exhibited under the microscope.]

Clinical Reports.

TYPHOID FEVER, COMPLICATED WITH EPISTAXIS AND TETANUS.*

REPORTED BY JOSEPH FOWLER, M. D.

F. A., aged 22 years, called at my office late in the month of August, complaining of slight diarrhœa accompanied with headache and nausea.

The atmospheric conditions being favorable for the production of bowel troubles, I was inclined to consider his ailment of a transient nature, and prescribed simple remedies for his relief. He made a second visit two or three days later, and on the 29th day of September, I was sent for to see him at his home.

I found his condition apparently unchanged except less inclined to go about. He was not very ill and occupied his time lying down or setting up as his fancy took him.

I did not change my diagnosis, but watched his case suspiciously for a week, during which time there was an apparent improvement in his condition.

Monday, Sept. 6, I made my visit about 9 A. M. My patient was in bed with a temperature of 104°, pulse 100; intense headache and tongue brown, a little diarrhœa continuing, and had some epistaxis during the previous night. My diagnosis now was typhoid fever. Before leaving the house, I gave some instructions concerning local treatment, should the nose commence bleeding again. Soon after I had left, the epistaxis returned; they tried faithfully the suggestions I had made, but received no benefit. Becoming alarmed a messenger was despatched for me. Not being at home and waiting as long as they dare, Dr. Chas. A. Ring was called in, and remained with the patient till my return.

I reached the house 12.45 P. M. Dr. Ring had been there fully two hours, and had injected astringents into the nasal passages, and applied other local measures without abating the hemorrhage. The bleeding had been so profuse that a bucket had been placed by the bedside, into which the blood was permitted to flow. To attempt to absorb it by means of cloths being held to the nostrils was like child's play. The only resource left was to plug the nares, which was done as soon as the proper conveniences could be made ready, for by this time the patient's lips had become palid, and the radial pulse was detected with difficulty.

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* Read before Buffalo Medical Club.

The process of plugging I give in detail for reasons you will subsequently perceive. A new gum catheter was used, through which a soft cord had been drawn by means of the stilet. The catheter was then introduced into the bleeding passage, and as the extremity entered the throat, was seized with a pair of dressing forceps, and drawn into the mouth, the temperature of the body making it soft and pliable, and easily manipulated without endangering the soft parts to injury. The cord was made fast and the catheter withdrawn. A soft piece of sponge was attached to the string in such a manner that it would enter the posterior nares lengthwise, and not double up. The sponge was trimmed off, after it had been tied to the cord, so that it would make equal pressure upon the walls of the nares, thus lessening the danger of great pressure at one point, and none at another. The sponge was made smaller than is usual, and entered the cavity with great ease. This effectually controlled the hemorrhage, and the patient was placed upon the use of milk-punch freely. In the evening he appeared a little better, but was very weak. On the following morning at 9 o'clock, temperature 104° ; pulse 104 ; respirations 28 ; his headache had ceased, and never returned again. He appeared much stronger and complained very little. On the next morning Sept. 8, 9:30 o'clock, temp. 102°; pulse 98 ; resp. 29. 6:30 P. M., temp. 102¾ ; pulse 100 ; resp. 24. His condition seemed to be improved in every respect.

Sept. 9, 9:30 A. M., temp. 101¼ ; pulse 90 ; resp. 24. 6:00 P. M., temp. 102½ ; pulse 98 ; resp. 25.

Sept. 10, 9:30 A. M., temperature $101\frac{1}{8}$; pulse 90; respiration 15. 6:10 P. M., temperature $102\frac{3}{4}$; pulse 92; respiration 25.

Sept. 11, 9:00 A. M., temperature $102\frac{4}{5}$; pulse 100; respiration 18. 8:20 P. M., temperature $102\frac{3}{4}$; pulse 100; respiration 25.

Sept. 12, 9:15 A. M., temperature $102\frac{4}{5}$; pulse 100; respiration 18. 8:30 P. M., temperature $102\frac{3}{4}$; pulse 100; respiration 25.

Sept. 13, 9:00 A. M., temperature $100\frac{3}{4}$; pulse 96; respiration 20. 6:10 P. M., temperature 103; pulse 102; respiration 23.

At my morning visit, on this date, the plug was removed, accompanied with some hemorrhage which ceased spontaneously; any effort to remove it prior to this, excited the bleeding. After its removal, as a precautionary measure, a clean, soft cotton cord coated with cosmoline was drawn in the nasal passage and permitted to remain. His temperature in the evening at 6 o'clock was 103°; pulse 102; respiration 23.

There was no diarrhœa, less tympanitis than before, and an improvement in his general aspect. Since the Monday before he had taken largely of milk-punch, and at times seemed to enjoy it.

The next day, Sept. 14, I left the city to be absent a couple of days, and left my patient to the care of Dr. Kilbourne. That morning he found a temperature of 101; pulse 100; respiration 22. At 6:00 P. M., it was 102; respiration 20; pulse 100. During the following night the doctor informed me that he was summoned in great haste and found the patient had well-marked lock-jaw. By making gentle traction on the cord which had been allowed to remain in the nasal passage since the removal of the plug, 36 hours before, caused an aggravation of the local trouble. The cord was at once removed and the nasal passage syringed out with an antiseptic solution.

Sept. 15, 11 A. M. temp. 99; pulse 96; resp. 20. In the afternoon the temp. was 102; pulse 100; resp. 22.

Upon my return on the morning of Sept. 16, I found his temp. $100\frac{1}{2}$; pulse 112; resp. 20. At 6:00 P. M., temp. $100\frac{1}{2}$; pulse 112; resp. 22.

Sept. 17, 7:30 A. M., temp. 100; pulse 110; resp. 23. 8:30 P. M., temp. 102¼; pulse 140; resp. 30.

Since Wednesday the patient could swallow but a small amount of fluid, and that with great difficulty. But to-day, Friday, Sept. 17, he was able to swallow more easily than for two days before. The muscles about the face were often seen to contract spasmodically, and the head was immovably fixed upon the shoulders, so intense was the muscular contraction. He craved food but could swallow only a little. The effort causing alarming strangulation.

At 12:35 P. M. his temperature was 103¾; pulse 141; respiration 36. His condition at this visit caused much anxiety for he had grown worse during the forenoon. He was able to breath freely through the affected nostril, although a small amount of clotted blood had occasionally been blown from it every day since the removal of the sponge plug.

I called again about 6 P. M., and just as I entered his room he asked for some milk, by means of gestures with which his attendants had become familiar. He was raised up in bed and a few drops of milk passed into his mouth with a spoon. After making several efforts he succeeded in swallowing it. A few drops more were again given him, when he was seized with a spasm and died in about three minutes. In this spasm it seemed that every muscle in his body was involved. The heart continued to beat for a minute or more after all other signs of life had gone. Efforts at artificial breathing were fruitless. On account of the extreme rarity of terminus following the simple and apparently harmless procedure of plugging the posterior nares, to which the result in this case seemed most probable to arise, I present you the details of the case.

EXCISION OF TUMORS OF THE BREAST.

BY CHAS. C. F. GAY, M. D., SURGEON TO THE BUFFALO GENERAL HOSPITAL.

SCIRRHUS OF LEFT BREAST—EXCISION.

Mrs. T., aged 62 years, has scirrhus of the breast, involving the axillary glands. Tumor in axilla half the size of a hen's egg. The breast is painful, and the patient is anxious to have the tumor removed, although told that its return is inevitable at no very distant period.

On July 15, 1879, chloroform was given when I removed the entire mammary gland, leaving only just sufficient integumental covering to allow of coaptation of the edges of the wound. The axillary tumor was not removed, but afterwards disappeared.

The edges of the wound were drawn together and secured by silver sutures, ad. plaster, and compress applied wet with carbolized water. The patient convalesced rapidly; one-half the wound healed by first intention. The result as to recurrence is unascertained.

SCIRRHUS OF THE RIGHT BREAST—EXCISION—RECOVERY.

Mrs. B., aged 45 years, had recently ceased to menstruate, and co-incident with her climacteric period, was the activity in the growth of the tumor. It had been eighteen years growing, but had rapidly increased in size during the past few weeks. The tumor had, to the touch, none of the characteristics of scirrhus, neither was there pain, but the size of it made it very cumbersome, and she had come from an adjoining state in order to have the breast removed. On August 2, 1879, the patient was etherized, when I removed the entire breast. There was but slight hemorrhage. The tumor was found, on examination of its inner surface, to be composed of scirrhus. Its weight was three pounds. Silver sutures were employed, and primary union obtained.

The patient was setting up and walking about in ten days, and in thirteen days was allowed to return to her home.

RECURRENT CARCINOMA OF BREAST; SIXTH OPERATION—EXCISION—ENUCLEATION OF AXILLARY GLANDS.

Anna Freedholm, aged 50 years, very fleshy, enjoyed good health up to 1878, or until two years ago. She first discovered "yellow water" running from her nipple on April 2, 1878, after which her right breast began to enlarge and become painful. Her breast was excised, and this operation has been followed by four other operations; the last was done at this hospital last winter. The disease has again returned; she suffers very much and has again entered the hospital determined to submit to another operation. I have advised against it, and have called a consultation of the staff, all of whom concur in advising against an operation, except one who favors an immediate operation. The disease now extends up into the axilla, the lymphatic glands of which are involved. The patient choosing another operation, on March 19, 1880, she was etherized, and all the diseased tissue removed, including enucleation of the axillary glands. The wound, or rather wounds—there were three of them—involved almost the entire side and one-half of the front of the chest, two of which were eliptical in form; the larger incisions extended downward obliquely from the axilla, following the course of the fibers of the great pectoral muscle; the smaller incisions at the left of the former extended downwards in the same direction, leaving an isthmus of integumental tissue between them. There was a third wound made by cutting transversely from the larger wound posteriorly. The direction of the incisions of the previous operation was transverse, and as coaptation of the edges of the wound was difficult, incisions were made upon either side in order to relieve the tension of the skin. In this final operation the oblique course of the two anterior wounds rendered coaptation possible by the aid of slight traction.

The edges of the wounds were brought together by silver sutures, supported by adhesive straps. Irrigation with solution of carbolic acid, 1 to 30; the drainage tube, with antiseptic treatment throughout were employed. Pulse and temperature remained nearly normal during the after-treatment.

27th. Removed half the sutures.

30th. Removed all the remaining sutures.

April 10th. Wound nearly closed. There has been absence of menstruation for the past two months. The patient left hospital for her home in Pennsylvania, feeling well and greatly encouraged, and has not since been heard from.

CANCER OF THE RIGHT BREAST—EXCISION—ENUCLEATION OF AXILLARY GLANDS—PRIMARY UNION.

Mrs. W., aged 71 years. Although the tumor had existed for some time, it had only recently become so painful as to make removal necessary. It was not large, but the whole breast, which was small, was involved with enlargement of axillary glands.

April 24th, 1880. She was put under chloroform, assisted by Drs. Ring and Greene, I removed the entire breast by oblique incisions extending from the axilla to a suitable distance below the gland, in the direction of the fibres of the great pectoral muscles. It required considerable time and much care to accomplish the enucleation of the axillary glands which were large; on removal of which the axillary artery could be seen pulsating. There was but little hemorrhage. Wound was closed by silver sutures.

29th. Sutures removed. No suppuration. On May 9th the wound was closed; the pulse and temperature never rising more than one beat and one degree above the normal standard at any time during treatment. Adhesive plaster was at first used, compresses moistened with carbolized water, 1 to 20, applied. The old lady made a good recovery, and when seen several months afterwards, was in the enjoyment of good health, and expressed much gratitude that she was rid of her painful breast.

CARCINOMA OF LEFT BREAST—ENLARGEMENT OF AXILLARY GLANDS—EXCISION.

Mrs. M. M., aged 49 years, widow, ceased menstruation four years ago. Tumor first appeared two years ago, and she thinks it was caused by a blow upon her breast. The tumor is very large and there is considerable adipose tissue.

April 9th, 1880. Patient was put under ether and the tumor, including the axillary glands, I removed by two curved incisions extending obliquely downward. There was a great deal of hemorrhage, several arteries requiring the ligature.

The wound was brought together by silver sutures, and dressed by adhesive straps and compress. The drainage tube, frequent irrigations, and antiseptic treatment were employed; notwithstanding this treatment there was much suppuration, and on April 26th I have noted that the discharge is offensive, with wound only partially closed. This patient at last made a good recovery.

Her tardy recovery is attributed to the extensive incisions which were necessary in order to include the entire disease.

ADENOMA OF RIGHT BREAST—ENUCLEATION—PRIMARY UNION.

Miss M., aged 21 years, had concealed from her parents the fact that she had a tumor of her breast, she herself believing it to be cancer, and that she was sure to die of it. The thought of the existence of a cancer preyed so heavily upon her mind that her health became much impaired, and at length the cause of her illness was revealed. So soon as she was assured that the tumor was non-malignant she readily assented to its removal. It occupied a position just above the mammary gland; was the size of the closed hand; nodulated, indeed it consisted of three tumors in juxtaposition. It had been growing for many months.

Oct. 27. Patient was etherized by Dr. Smith, who assisted in the operation of enucleation. Three silver sutures were used and primary union obtained.

Remarks—The case of Mrs. F. is especially instructive and valuable since it illustrates how surely and readily an extensive wound will heal, when made upon old cicatricial tissue without causing any rise of pulse or temperature. The case is valuable since it impresses one with the conviction that these tumors should not be abandoned after a second or third operation. It furnishes justification for iterative removal of recurrent carcinoma, and must exert more or less influence upon the mind of any one cognizant of it, when endeavoring to reach a decision as to the propriety of advising an operation. This patient will finally die from the same disease located in the cicatrix or upon some internal viscus, but prolongation of life, and greater immunity from pain with an operation, ought abundantly to compensate one for the hazard of an operation under an anæsthetic, and the discomfort growing out of the after-treatment. It cannot be claimed that these several patients all recovered. Two of them, at least, gave early evidence that the disease would soon return and terminate fatally. It is a singular fact, however, that not a single death of any one of the cases has yet come to my knowledge.

Translations.

ARE MEASLES MORE DANGEROUS IN GROWN-UP PERSONS THAN IN CHILDREN?

FROM THE DANISH BY HERMAN MYNTER, M. D.

It is generally believed that measles are more fatal in grown-up people. Dr. Trier shows, that this is not always the case. During the epidemics on the Faroe islands in 1846 and 1875, the mortality among adults was greater than among children, while in Copenhagen the opposite has been the case for many years. Dr. Trier proves this by counting the number of cases and the number of deaths for the last four epidemics. Between

May 28th and November 2d, 1879, 9,361 cases occurred, of which 319 were adults. The number of deaths for the same time was 212, of which none were adults.—*Nordisk Medicinsk Archiv.*

THE MOVABLE KIDNEY.

FROM THE DANISH BY HERMAN MYNTER, M. D.

Dr. H. P. Oerum has written an interesting monograph on movable kidney, based upon foreign statistics, upon his own experience and upon cases from the clinic of Professor Howitz. In regard to etiology, he mentions abnormal length of the vessels of the kidney, and the presence of a mesentery, but he cannot determine whether it is congenital or developed little by little with the disease. In some cases a great mobility of the colon with strong development of the mesentery was found.

In two post-mortem examinations (by Prosektor Bang) there was found, besides the formation of a mesentery, that the movable kidney was detached from the suprarenal gland, which kept its place ; that the fat in the capsule of the kidney had entirely disappeared, and that the small branches from the renal artery to the suprarenal gland were wanting. The author calls attention to the fact, that the movable kidney is seldom found on the left side on account of the distribution of the suprarenal veins, which on the left side empty into the renal vein, while on the right side, they empty directly into the vena cava, and in that way form no connection between the kidney and suprarenal gland. This gland, which is adherent to the diaphragm, scarcely ever takes part in the mobility. The author opposes the opinion of Keppler, who considers movable kidney so serious a lesion, that in most cases nephrotomy is indicated. He believes, that the serious symptoms in Keppler's cases generally may have come from other causes, and that extirpation will be very rarely necessary on account of movable kidney. They consisted in pain in the abdomen, pressure in the epigastrium, chills and vomiting, which occurred in attacks two to three months apart, generally during menstruation. The symptoms lasted two to four days, co-existent with diminished diuresis, and disappeared, when this increased. They were relieved by hot fomentations and subcutaneous injections of morphine. The author explains these symptoms as an acute retention of urine and acute hydronephrosis on account of a sudden dislocation of the kidney, by which the upper part of the ureter is so much bent, that the urine cannot pass. When the hydronephrosis has reached a certain degree, the pressure of the urine will surmount the difficulty. In one case, from the clinic of Professor Howitz, a permanent tumor occurred after the repetition of the acute attacks. In regard to the diagnosis, the author mentions, that an expanded gall-bladder may be mistaken for a movable kidney. The treatment consists in reposition and retention by aid of an abdominal supporter, made of strong linen and provided with elastic straps on the sides, and a pillow under the kidney. If incarceration occurs, reposition is indicated, and if not successful, rest in bed, diet, fomentations and opiates.—*Norkisk Medicinsk Archiv.*

Selections.

HOW ARSENIC POISONS.

Most persons who hold any theory concerning the toxic action of arsenic, still believe the doctrine first propounded by Liebig. Arsenious acid according to this theory, has a great affinity for albuminous substances, and tends to form with them solid compounds. In other words the arsenic coagulates the soluble albumen. In this condition it cannot take part in the vital functions, and hence these functions cease. In this way the so-called corrosive action of arsenic on the coats of the stomach was explained, although it is well known that arsenious oxide has at most only a feeble, caustic action. This theory, which was originally propounded to explain the poisonous action of both arsenious oxide and corrosive sublimate, is wholly false, as far as the former of these is concerned. By experiment it is found that solutions of albumen are not coagulated when treated with arsenious compounds, as they are when treated with corrosive sublimate. In fact, arsenious acid does not have a precipitating effect on any of the liquids of the body, stronger than that of carbonic acid, and yet carbonic acid is not poisonous. Liebig himself, later, saw the fallacy of his theory, and renounced it, without, however, substituting another in its place. The fact that arsenical poisoning, with the usual stomach symptoms, could be produced by dropping arsenical compounds into the eye without hurting the eye itself, was alone fatal to the early Liebigian theory. Late investigations, carried on by Binz and Schulz, (*Archiv fuer Exper. Path. and Pharma.*), have developed a new and much more rational theory. Post mortem investigations have shown that those tissues which specially come in contact with the oxygen of the blood, and utilize it, are those which suffer most in arsenical poisoning. This is especially true of the glandular protoplasm. The neutral salts of arsenic acid are even more poisonous than the corresponding salts of arsenious acid. By the tissues of the body, arsenious acid is oxidized to arsenic acid, and arsenic acid is also reduced to arsenious acid. Any kind of albumen will affect the latter process, while the former is brought about by the albumen of animals and plants only. These facts were proved by experiments. Arsenic acid was reduced, when treated at the temperature of the body, with egg albumen and the fibrin of warm blooded animals. Fresh brain substance had the same effect. The tissues of the pancreas of the liver, and the undecomposed protoplasm of plants, not only reduced arsenic to arsenious acid, but also produced the opposite effect. As a result of a long series of experiments, it is concluded that the destructive effects of arsenical compounds on the system are due to the violent agitation imported by them to the oxygen atoms of the albumen molecules. It is this molecular shock which produces such havoc in the tissues, and this shock is the result of the unnatural activity of the oxygen atoms alternately oxidizing and reducing the arsenical salts. Nitrogen compounds act much in the same way. Indeed the similarity between nitrogen and arsenic extends to many particulars. For instance, nitric oxide is extremely poisonous. It takes oxygen from the tissues, and is converted into hyponitric acid. This latter is a powerfully oxidizing substance. It attacks other tissues, giving up its oxygen and becoming reduced again to nitric oxide. This theory is certainly very ingenious, and the evidence supporting it is good. The authors, indeed, appear to have made out their case. At least the theory which they advance is so far superior to any other, that we feel like accepting it, if not finally, nevertheless provisionally.—*Chicago Medical Review.*

ACTION OF IODIDE OF POTASSIUM UPON THE ELIMINATION OF LEAD.

At the request of Prof. Vulpin, Dr. Gabriel Pouchet, of the chemical laboratory of the Faculty of Paris, examined by quantitative analysis of the urine of patients suffering from saturnism, the effect of the administration of iodide of potassium on the elimination of lead. The experiments were of an electrolytic nature of which the details would not interest the practitioner. Suffice it to say, the specimens of urine examined always measured from five to ten pints, quantities sufficiently large to permit the detection of even the smallest traces of the noxious metal.

Among all the afflicted during the time of aggravated symptoms the urine contained an average of one milligramme of metallic lead to the litre of urine examined.

Under the influence of iodide of potassium given in doses of four to six grammes daily, the elimination of lead increases quickly, but again decreases at the end of from six to ten days when it becomes less marked than before the treatment was instituted. During the first days of treatment a rapid desaturation of the system which is more or less decided according to the intensity of the morbid phenomena. Thus in the case of a patient who was gravely afflicted, the quantity of lead passed by the urine, immediately after the administration of the iodide, rose to five milligrammes per litre.

After the continuous exhibition of the salt for more than two weeks, the elimination of lead ceases almost altogether, so that in fifteen litres of urine only a trace of lead was discernible. But if after withdrawing the remedy, the patient is allowed to rest some days, prior to the readministration of the iodide, small quantities of lead will again be eliminated with the urine. Hence arises the therapeutic indication of employing the iodides for a long time and instituting, however, intervals of repose during which the remedy is not to be exhibited.

M. Pouchet also analyzed the urine of a patient treated exclusively with bromide of potassium without detecting any increase of the lead eliminated. From this he deducts the inefficiency of the bromide in the treatment of leading poisoning.—*Arch. de phys. norm. et pathol.—Cincinnati Lancet and Clinic.*

THE THERAPEUTICAL VALUE OF NITRO-GLYCERINE.

A. W. Mayo Robson, F. R. C. S., of Leeds, writes as follows to the *British Medical Journal*, April 10, 1880:

During the last twelve months I have tried this remedy in migraine, asthma, angina pectoris and epilepsy. In migraine, one or two drops of a one-per-cent. solution produces, within a few minutes, a diminution of tension in the previously corded temporal artery, and relief of the pain, which in some cases does not return, but in others recurs when the physiological effects of the drug have passed off. As individuals are affected differently by nitro-glycerine, I always begin with one minim of the one per cent. solution, but sometimes find it necessary to increase the dose to three or four minims to produce the desired effect. In several cases of asthma it has relieved the breathing in a most remarkable manner; the cases in which it answers are such as would be relieved by amyl-nitrite, but its effects are more marked and the relief is more durable.

One case of severe asthma, occurring in a patient suffering from chronic renal mischief and mitral deficiency, is worth special mentioning. I prescribed the one per cent. solution in the form of a minim to a drachm of water, and ordered two drachms to be taken every quarter of an hour till relief was obtained. My patient, however, had two large tablespoonfuls of the medicine given, instead of two teaspoonfuls. He said that the effect was wonderful; he thought his head was going to burst, but his breathing was effectually and permanently relieved, and that instantly. In this case, amyl-nitrite, although inhaled in large doses on previous occasions, had given very little relief. Since that time, several months ago, he has been threatened over and over again with his old attacks, but a dose of the medicine always staves it off.

In angina pectoris the relief given by nitro-glycerine is most complete; but as several cases have been reported in the journals, I need only mention it. The relief in these cases is not simply temporary ease from pain, but if the remedy be given thrice daily in gradually increasing doses, beginning with one minim of the one-per-cent. solution and steadily advancing to eight minims, the attacks lessen both in frequency and intensity. One of my patients, who has suffered severely from angina, always carries a bottle of the medicine in his pocket, and he tells me that by taking a dose of five drops when he is threatened with an attack it is always prevented.

I am trying it in some cases of epilepsy; but as yet my observations are not sufficiently advanced to be worth relating. I cannot see why, if it relieve the vaso-motor spasms in other diseases, it should not also have the same tendency in this most distressing disease; and since its regular use in angina seems to be curative, I have hopes that here we may have a similar effect. Again, if the "aura" gave sufficient warning, it might be worth while to try if a good dose would prevent an attack.

I have not had a chance of trying it in sea-sickness, but should think it might do good; and it would certainly have this advantage over amyl-nitrite, that all the other occupants of the cabin would not be compelled to inhale its fumes for some time afterward, which is the case if amyl-nitrite be used in the ordinary way, much to the annoyance of those who are well.—*Medical and Surg. Rep.*, May 8.

INTRA-UTERINE MEDICATION.

Despite what may be or has been said against the safety of uterine medication, with continued experience and approved methods, we shall certainly continue this plan of meeting certain obstinate conditions of the uterine cavity. At the meeting of the British Medical Association, last August, our distinguished countryman, Dr. Battey, of Georgia, read a paper presenting his mode of intra-uterine medication with a solution of iodine and carbolic acid, to which he has given the name of *iodized phenol.* Dr. Battey's paper is printed in full in the *Virginia Medical Monthly*, current number, and from it we condense. This solution is simply a concentrated solution of iodine in carbolic acid, and Dr. Battey does not consider it at all a chemical compound. In his experiments he prepared an *iodized* phenol of various strengths—one drachm, then two, then three and four drachms of iodine were found soluble in an ounce of glycerine. He says: "The last and strongest solution proved to be decidedly escharotic in its action upon the tissues, and especially upon the heterologous growths of low vitality, and has been used by the writer for attacking uterine cancer—more particular to supplement the curette. The standard solution employed in intra-uterine medication consists of one part by weight of iodine dissolved in four parts of liquified carbolic acid." At first Dr. Battey employed glycerine to dilute the phenol, now he uniformly employs the solution in full strength. Any of the usual forms of applicator wrapped with cotton wool will serve sufficiently well for the application. Dr. Battey uses a slender, elastic, hard-rubber probe, of which he is provided with several ready for use, with the cotton wrapping, for each. We quote now in full his remarks upon his method of application with the results he has observed :

Mode of Application.—The writer selects six or eight of the elastic probes; he then breaks off from the lap of cotton four or five inches of its length, and with his fingers splits it into several fasciculi of such size as when wound upon the probes will enlarge them to a desired thickness. The end of a probe is moistened slightly, and the fasciculus of cotton wound spirally upon it. The cotton around the probe is now dipped into the iodized phenol, any redundancy allowed to drip away, and the probe passed into the uterus with a slow, spiral movement as it advances. At first the probe is introduced but half an inch, the effect noted, and the probe advanced to the internal os if deemed advisable, and then withdrawn. Here, upon a first treatment, the care rests, to note the tolerance of the uterus for the remedy. At subsequent treatments, the probe may be carried to the fundus, and the first probe is followed by a second, and even a third or fourth, if well borne. The remainder of the wrapped probes are employed for wiping off the cervix and vaginal wall, if any of the phenol should have touched these tissues. The energy of the application is regulated by the size of the wrapping, the depth to which the probe is passed, and by the number of probes used. When a very decided impression is to be made, a backward turn is given to the probe in its withdrawal, so as to leave the saturated cotton in the uterus, there to remain twenty-four hours, and often until it is spontaneously expelled. The application is renewed every four or fourteen days, according to the energy of the treatment; in general, once in seven days is sufficient.

The writer has abandoned the use of sponge-tents in connection with the treatment set forth. When dilatation is required, he employs the cotton-wrapped probe, twisting it firmly into the canal by the spiral movement above indicated, and reversing the movement, the probe is withdrawn, and a soft cotton tent remains in the uterine canal. The dilating power of this is notably less than the sponge, but nearly equal to sea-tangle, and it is believed, entirely safe.

The results.—1. A perfect removal of all cervical mucus, which is promptly coagulated, and comes away adhering closely to the cotton. The probes subsequently passed bring the remedy directly in contact with the diseased membrane.

2. Always comparative, and frequently entire freedom from pain. This is a marked feature of the method, and in striking contrast with former experience. Carbolic acid is a local anæsthetic, and so numbs sensibility as to make the energetic application of iodine for the most part devoid of pain.

3. The iodine is so rapidly absorbed by the uterus, that the patient remarks its metallic taste in the mouth and throat usually in five or ten minutes after the application.

4. Softening, and more or less dilatation of the os and cervix.

5. Temporary arrest of leucorrhœa.

6. Watery discharge, sometimes bloody.

7. Exfoliation of the superficial layer of the membrane, which comes away in shreds, and sometimes entire, resembling thin glove kid.

8. Abrasions of the os heal promptly.

9. Disappearance of indurations of the uterus.

10. Permanent arrest of leucorrhœa.

11. Villosities of the endometrium are removed without resort to the curette.

12. Subinvolution of the uterus disappears.

13. The menses become regular and healthy; menorrhagia and scanty menstruation, as well as dysmenorrhœa, are remedied.

14. Appetite and digestion improve, and this in many instances without the use of medicines.

15. So thoroughly is the system impregnated with iodine, alteratives by the stomach are not used.

16. The form of the cervix and os is often completely changed. A large, puffy cervix, with very patulous, slit-like os, becomes even virginal in type.

17. Stenosis has not followed the treatment in any case noted as yet.

18. Barrenness from nine to fourteen years duration has disappeared in several instances.

Remarks.—Rapid, and, at the same time, satisfactory cure in chronic uterine ailments, such as are contemplated in this paper, are not attainable by any mode of treatment known to this writer. It is not proposed that rapid cures can be made by the method herein set forth. On the contrary, the long standing and obstinate cases, such as usually fell into his hands, require many months for satisfactory cure.

ACCIDENTS THAT HAVE BEEN OBSERVED TO FOLLOW THORACENTESIS BY ASPIRATION PRACTICED FOR THE REMOVAL OF PLEURITIC EFFUSION.

N. P. Dundridge, M. D., Cincinnati *Lancet and Clinic*, Jan. 3, 1880, thus closes an article under the above caption. The statement that this operation, mentioned in the caption, is a trivial operation, entirely devoid of danger, is to be most strongly condemned, while the practice which would undertake its performance without due regard to the conditions and surroundings, which would render accessible the most efficient means for combating any unpleasant consequences which might arise, is certainly not justifiable. Syncope has developed half an hour or more after aspiration has been performed, so that the operation should only be undertaken when complete rest and repose can be secured after its performance, for the least exertion might determine an accident, otherwise avoidable, which may prove fatal. The doctor feels himself justified in formulating. the following as the accidents which have followed thoracentesis for pleuritic effusions. Some of these may be considered as mere concomitants of the puncture. Others must be held to be more or less dependent upon the operation or the measures by which it was followed: Syncope, fatal or transient, due either to reflex action or to the paralyzing influence on the heart-walls of the sudden removal of the pressure of the effusion; convulsions dependent upon reflex action or due to minute emboli in the cerebral vessels; pulmonary congestion and œdema, suddenly developed, either with or without the rapid accumulation of serous exudation into the bronchial tubes and producing asphyxia; embolic obstruction of the pulmonary artery of the sound lung; embolic processes in various organs and of various grades of severity, which have their origin in clots previously in the pulmonary veins of the compressed lung. These last, when they occur at the time of or soon after the operation, may have been excited by it. When they develop days afterwards, they must be held as incidents of the original trouble, and in no way connected with the operative measures taken. In this *resume* mention of a transformation of a serous into a purulent effusion is purposely omitted, because it was thought that the proof is insufficient to hold the operation responsible for the change from serum to pus. No case of serious accident from wounding the lung seems to be recorded. While the conclusions are not new, the doctor thinks that they will bear repetition, and that surgeons cannot be too careful in undertaking this operation.—*Detroit Lancet.*

MISUSE OF IRON PREPARATIONS.

In cases of debility, prostration, or loss of appetite, preparations of iron, alone or variously combined with bitter tonics, are seemingly indicated clearly, and are very generally used. But in many cases they do harm, either from their being administered at a wrong time or because they are not tolerated under any form or circumstance. The greatest abuse of iron is where it is given for loss of appetite or difficult digestion, and when it is given within half an hour before eating or within three hours after. We have found entirely to our own satisfaction, both by clinical observation and by experiment, that iron preparations introduced into the stomach while digestion is going on either hinder or arrest the process. Our attention was first called to this by clinical observation. We treated a patient some time since, who had been treated by another physician for slight cystitis with considerable depression of spirits and loss of appetite. The man was, however, quite strong, and not emaciated. He also had a slight feeling of weight after eating. For this he was given 6 gr. doses of cit. ferri. et quiniæ a half hour before eating. This made the feeling of weight worse. The physician increased the dose to 10 grs., and it was still worse, and the appetite also remained very small, with considerable depression of spirits. Upon taking charge of the case and finding out what he had been taking, I stopped all tonics and used only slightly anodyne suppositories for the irritable bladder. His appetite immediately improved, and the weight at the epigastrium disappeared. This is only one of many cases where we have found the use of iron preparations to produce indigestion, feeling of fullness at the epigastrium, and even vomiting when given at the wrong time. To find reason for this we tried the effects of iron preparations upon artificial digestion of animal substances.

We took two test tubes, and put in each the same quantity of artificial gastric juice, i. e., a two per cent. mixture of hydrochloric acid with pepsin, and then placed in each a few pieces of coagulated albumen. Into one was also placed ʒ i of elixir of iron and quinia. Both test tubes were kept at blood-heat for ten hours. In four hours the albumen was rapidly disintegrating in the gastric juice alone. At the same time the albumen in the tube containing gastric juice and iron was apparently intact.

In ten hours the albumen in the gastric juice alone was entirely dissolved, while in the other tube it was still intact.

In a number of experiments the same results were arrived at. We may then consider it established that some iron preparations, if not all, when taken into the stomach during digestion, hinder that act, and therefore they should not be given so that they will then be present in the stomach. Whether the secretion of gastric juice is affected by iron preparations or other tonics it will remain for further observation to determine, and thus contribute valuable addition to therapeutics. There are many medicines the effects of which, whether good, bad or nil, depend entirely on the time of administration.

The tendency both on the part of prescribers and the large drug manufacturers is to combine iron with other tonics, so that the markets are flooded with elixirs, syrups, and wines of iron and quinine, iron and strychnia, iron, strychnia and pepsin, and so on *ad infinitum.* The combinations with pepsin are a shameful waste of this valuable medicine, and well calculated to bring it into disrepute. None of the others above mentioned should be used for or in any gastric derangement, except with due regard to time of administration. The most suitable time to give iron is one hour before meals or four hours afterward. —*Alf. W. Perry, M. D., in Western Lancet.*

ON GLYCERINE IN FLATULENCE, ACIDITY, AND PYROSIS.

BY SYDNEY RINGER, M. D. AND WILLIAM MURRELL, M. D.

An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerine added to milk prevents its turning sour, and he reasoned thus: "If glycerine prevents milk turning sour, why should it not prevent me turning sour?" and he resolved to try the efficacy of glycerine for his acidity. The success of his experiment was complete, and whenever tormented by his old malady he cures himself by a recourse to glycerine. Indeed, he can now take articles of food from which he was previously compelled to abstain, provided always that he takes a drachm of glycerine immediately before, with, or directly after his food. He recommended this treatment to many of his friends—sufferers like himself—and one of these mentioned the above circumstances to us.

We have since largely employed glycerine, and find it not only very useful in acidity, but also in flatulence and pyrosis, and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis is the only symptom, but more frequently these symptoms are combined. Some patients rife up huge quantities of wind without any other symptoms than depression of spirits; in others we get flatulence and acidity, one or other predominating; and we meet with others who suffer from acidity, flatulence, and also pyrosis. In all these various forms we find glycerine useful, and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed, in several instances it has only partially succeeded, where other remedies at once cured. On the other hand, in some cases glycerine speedily and completely succeeded, where the commonly used remedies for acidity and flatulence completely failed. We do not pretend to estimate its relative value to other remedies; we are only anxious to draw attention to its virtues.

Gas is in some instances formed in the stomach, in others in the large intestine, in some patients in both. Our observations were made on stomach flatulence, and as glycerine is so readily absorbed we should hardly expect that it would influence the formation of wind in the colon, except given in large doses, and when it acts as a slight laxative, and so expels the putrefying mass which forms the wind.

In some cases it removes pain and vomiting, probably, like charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs.

We suggest that it acts by retarding or preventing some forms of fermentation and of putrefaction. J. Mekulics shows that glycerine prevents putrefaction of nitrogenous substances, as of blood diluted with water, which speedily decomposes at the ordinary temperature of the air. Two per cent. of glycerine retarded decomposition for twenty-four hours; 10 per cent. for five days. If the fluid were placed in the hatching oven, then 2 per cent. retarded decomposition for several hours, 10 per cent. for forty-eight hours, and 20 per cent. altogether prevented putrefaction. He also proves that glycerine destroys bacteria and prevents the formation of septic poison, though it will dissolve and preserve the septic poison itself.

Dr. E. Murk finds that 2 to 3 per cent. will delay lactic fermentation in milk from eighteen to twenty-four hours.

Burnham Wilmot, 1860, says glycerine preserves meat so that after several months' immersion the meat is sweet and can be eaten; and Demarquay proves that both animal and vegetable substances may be kept for six weeks to two months by glycerine.

Glycerine, however, does not prevent the digestive action of pepsin and hydrochloric acid; hence, whilst it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. We administer a drachm to two drachms either before, with, or immediately after food. It may be given in water, coffee, tea, or lemon and soda water. In tea and coffee it may replace sugar, a substance which greatly favors flatulence, as, indeed, does tea in many cases. In some instances a cure does not occur till the lapse of ten days or a fortnight.

Society Reports.

BUFFALO MEDICAL AND SURGICAL ASSOCIATION.

Stated Meeting, October 5, 1880.

THE PRESIDENT, DR. LUCIEN HOWE, IN THE CHAIR.

MEMBERS present: Drs. Macniel, Cronyn, Rochester, Wyckoff, Moody, Phelps, Pitt, Brecht, O'Brien, Granger, Kilbourne, Fowler, Keene, Peterson and Burt, and others by invitation.

After transacting certain routine business, the paper for the evening was presented by Prof. Kellicott, of the State Normal School, on "Easy Methods for Detecting Blood-stains." [This is given as the second article in the present issue of the JOURNAL.]

In the discussion which followed, Dr. Rochester acknowledged the success which had crowned the efforts of microscopists and chemists in this department, but thought there was opportunity for much further discovery. It was a great advance to be able in a short time, and by comparatively simple means, to determine the character of a suspected stain, as to whether or not it was blood. Infinitely more desirable, however, was it to so improve the methods of investigation as to say, with certainly, what kind of blood it was.

An instance was cited, where a man on trial for murder, asserted that the stains on his clothes were caused by the blood of a chicken recently killed. No microscope or chemical reaction, could establish the fact of this being human blood, though of course such a differential diagnosis was in the highest degree desirable.

Dr. Cronyn also expressed his gratification at the satisfactory character of the demonstrations accompanying the paper, as he considered the subject one of decided practical importance.

Voluntary communications being next in order, the association first listened to the report of a case from Dr. Fowler. [His paper, like the first, appears in another part of this JOURNAL as a "Clinical Report."] Some discussion ensued concerning the exciting causes of tetanus, after which Dr. Howe called Dr. O'Brien to the chair, and presented the following outline of a case.

About the sixth of last February a young farmer, John D., attempted to jump from a sleigh which stood in front of a butcher's shop, but in doing so, by some accident, he struck against a projecting iron hook such as forms the end of the small iron cranes used by butchers for hanging up quarters of beef and other large pieces of meat. [The instrument was here exhibited.]

The point of the hook caught beneath the upper lid of the right eye, and passing upward usually held the patient suspended in the air, until he could be lifted off and taken down. There was considerable hæmorrhage from the wound and nostrils on that side, and for a few days afterward considerable pain was felt in the head; there was occasional vomiting with some other symptoms such as one would expect to find in a lesion of the brain. These lasted but a short time, however, and when seen by me, Feb. 20, the appearance presented was as follows: Almost complete ptosis of right upper lid, conjunctiva quite œdematous at its upper and inner part, a small granulating tumor marking the point of entrance of the hook.

There was slight divergent strabismus, cornea clear, anterior chamber full, but pupil reacted slowly to light, fundus was obscure and vision slight—only equal to perception of light. There were, however, no brain symptoms; in general patient felt quite well. Three principal points of interest in the case was the fact that the man was neither fatally injured nor was the eye entirely destroyed.

One would naturally suppose that a sharp iron hook of this description would have perforated the roof of the orbit and entering the brain, result in certain death, but although an opening was evidently made into the cranium, yet the result was not serious. This could probably be accounted for by supposing the frontal sinus in this instance to be exceptionally wide. Some discussion followed, after which, reports on prevailing diseases were made by various members. "Malarial fever" appeared to predominate, but the cases were not of special frequence or severity.

Scarlatina was mentioned as being also prevalent, and this was thought by Dr. Rochester to have some relation to the opening of the public schools, which he considered as a fruitful cause of the spread of that disease.

After transacting other routine business the Association adjourned.

Editorial.

BUFFALO STATE ASYLUM FOR THE INSANE.

FROM various circumstances incident to the construction and completion of such extensive buildings, the opening of the Asylum which was expected to take place during the month of October, has been unavoidably delayed. By resolution of the Board of Trustees, however, at a meeting recently held, the tenth of November has been definitely fixed for the reception of patients. As that time it is confidently expected that the profession in Buffalo, and indeed throughout Western New York will avail themselves of the advantages offered by this institution, which we think will be superior to any other in the country, for the treatment of mental diseases. The State may well be congratulated for its wisdom in providing such facilities for this important class of diseases.

A just pride in the success and reputation of this institution may well become the profession of Buffalo. The large experience and professional erudition of the Superintendent, Dr. Andrews, has inspired confidence in its management. In our last issue, we expressed the hope that the same wise judgement would be exercised in the selection of subordinates. We trust it may not be regarded as intrusive, if the medical profession in this city urge that one of its number, of acknowledged ability and attainments, should present a claim for the position of First Assistant Physician. The extent and variety of mental diseases treated in the asylum will present a field for study and research, which should be coveted by those ambitious to devote themselves to this important specialty. Of the names that have been suggested, we most cordially endorse that of Dr. W. D. Granger, whose special fitness for the duties of this position is well known. This appointment would give Buffalo a representative who would reflect credit upon the profession in which his ability and attainments are already acknowledged, while the asylum would secure an efficient and energetic officer.

BUFFALO MEDICAL COLLEGE.

THE session for 1880–81 opened on the 6th of October, with a larger class of students than have attended any previous session. The didactic lectures are given daily in regular course at the college, and in consequence of the continued illness of Prof. Miner, the department of clinical surgery has been arranged so that Prof. Moore delivers lectures on Wednesdays, at the General Hospital, while Dr. D. W. Harrington has been invited to take clinical surgery, on Saturdays, at the Hospital of the Sisters of Charity. This is a very satisfactory arrangement, and will ensure excellent clinical instruction. We congratulate the college in their selection of Dr. Harrington, whose energy and zeal in his profession has met this deserved recognition. A yet more generous sprinkling of youth in other departments would not diminish either its well-earned reputation, or the literary and scientific excellence of the instruction which the profession seek in our medical college.

PROF. MINER'S CONDITION.

WE are gratified to be able to announce that, since our last issue, Dr. Miner's condition has improved, and at times encouragement is felt in regard to his ultimate recovery. He is able to sit up a portion of the day. His convalescence will be slow, and many months will elapse before his strength will be sufficiently restored to enable him to give the profession the benefit of his large experience and acknowledged ability. Our best wishes go forth for our late editorial confrere, whose weary hours of confinement may be cheered with the assurance that the profession join in expressions of deep and sincere regard, as well as of anxious solicitude.

LIST OF PHYSICIANS REGISTERED IN THE CLERK'S OFFICE OF THE COUNTY OF ERIE

We have taken great pains to prepare a complete list of those who have complied with the New Medical Law. Comment is unnecessary at this time. We shall take occasion to refer to this subject in a future number of the Journal.

Name.	Graduate of	Date.
Abbey, Emery C.	Eclectic Med. College, Phila. Pa.	April, 1863.
Abbott, Frank A.	Med. Dept. University of Buffalo	Feb. 1866.
Armstrong, J. Stone	Jefferson Med. College, Phila.	Mar. 12, 187–.
Abbott, George	Buffalo Med. University	Feb. 25, 1852.
Allen, Jabez	Castleton Med. College, Vt.	Nov. 20, 1833.
Appleby, H. T.	Erie County Homœopathic Med. Society	
Allen, Daniel W.	Med. Dept. University of Buffalo	Feb., 1876.
Brown, George L.	Harvard Med. College, Mass	June 20, 1870.
Brecht, F. E. L.	University of Buffalo	Feb. 22, 1872.
Briggs, Albert H.	Med. Department University of Buffalo	Feb. 20, 1871.
Banta, Rollin L.	Med. Department University of Buffalo	Feb. 20, 1871.
Brayton, Samuel N.	Coll. of Phys. & Surg. New York City	Mar., 1861.
Beals, Herbert J.	N. Y. Homœopathic Med College	Mar., 1878.
Barker, Arthur M	Med. Department University of Buffalo	Feb. 20, 1877.
Boardman, John	University of Pennsylvania	Apr. 2, 1853.
Bartow, Bernard	Med. Department University of Bnffalo	Feb. 25, 1874.
Bailey, Daniel A.	Med. Department University of Buffalo	Feb., 1872.
Barnes, Edwin R.	Long Island Coll. Hosp., Brooklyn, N. Y.	July, 1865.
Brooks, Abel D.	Eclectic Med. Coll. of the City of New York,	May 28, 1872.
Brooks, A. J.	Albany Medical College	1860.
Baethig, Henry	Hahneman Med. College, of Philadelphia	Mar. 9, 187c.
Barrett, Willian C.	University of Buffalo	Feb., 1880.
Bissell, Elias L.	University of Michigan	Mar. 4, 1861.
Bidaman, Weston D.	University of Buffalo	Feb. 26, 1878.
Bull, Louis A.	University of Buffalo	Feb. 25, 1879.
Bull, A. T.	N. Y. University, Medical Department	Mar., 1848.
Berkes, Mary	University of Buffalo	Feb. 22, 1880.
Burt, Franklin	Coll. of Phys. and Surg. of Ontario, Canada	May 21, 1878.
	And University of Toronto	June 10, 1879.
Bartlett, Frederick W.	New York Medical College	Mar., 1854.
Bonnar, John D.	University of Trinity College, Toronto	May, 1878.
Bourne, C. W.	Castleton Medical College. Vt.	June 12, 1860.
Boies, Loren F.	Med. Dept. University of Buffalo	Feb. 25, 1868.
Broardt, Peter	Homeopathic Med. College of Erie Co.	Dec. 6, 1876.
Burwell, Geo. N.	University of Pa., in Philadelphia	April, 1843.
Blakely, Isaac C.	Licensed by University of Buffalo	
Colton, Henry E.	Cleveland Homeopathic College	Feb. 14, 1872.
Crane, Lucien D.	Licensed by Eclectic Med. Coll. of Genesee Valley District	June 4, 1879
Crittenden, S. C.	Medical College, Pa.	1857.
Clothier, Wm. P.	Med. Dept. University of Buffalo	Feb. 23, 1875.
Curtiss, Alexander M.	Pulte Med. College, Cincinnati	May 24, 1877.
	Homeopathic Medical College.	Feb. 28, 1878.
Cronyn, John L. C.	Med. Dept. University of Buffalo	Feb., 1876.
Cronyn, John	University of Toronto	April, 1850.
	State Censors of N. Y.	June, 1860.

NAME.	GRADUATE OF	DATE.
Crane, Ory Philo	Eclectic Medical Society of the Genesee Valley District	June, 1879.
Cary, Charles	Med. Dept. University of Buffalo	Feb., 1875.
Colyer, Charles W	Med. Dept. University of Buffalo	Feb., 1862.
Champlin, Chas. G	Med. Dept. University of Buffalo	Feb. 24, 1880.
Campbell, Robert E	University of Michigan	Mar. 25, 1866.
Clark, C. G	University of Michigan	Mar. 13, 1864.
Callahan, Thos. H	Eclectic Med. Coll. of Philadelphia, Pa	Jan. 21, 1863.
Daniels, Clayton M	University of Buffalo	Feb. 25, 1880.
Dagenais, Alphonse	Victoria University, Canada	May 10, 1867.
Diehl, Conrad	University of Buffalo	Feb., 1866.
Davidson, A. R	Med. Dept. University of Buffalo	Feb., 1878.
Dorland, Elias T	University of Michigan	Mar. 24, 1854.
Dye, John H	Eclectic College of N. Y. City	Feb. 29, 1873.
Dayton, Charles L	Buffalo Medical University	Oct., 1853.
Devening, Daniel	University City of N. Y. Med. Dept	Mar. 6, 1846.
Daggett, Byron H	University of Buffalo	Feb., 1867.
Danforth, W. A	Rush Med. College, Chicago, Ill	Feb. 3, 1869.
Dayton, L. P	Geneva Med. College	Feb., 1846.
Dorr, Samuel G	Buffalo Med. University	Feb., 1875.
Denny, Mrs. Louisa	Victoria College, Kingston, Ont	Oct. 10, 1845.
Dambach, John	Buffalo Med. College	Feb, 1868.
Erb, Peter	University of Michigan	Mar. 26, 1879.
Ellwood, Henry S	Med Dept University of Buffalo.	Feb, 1868.
Elliott, Justin C	Med. Dept. University of Buffalo	Feb., 1851.
Earl, W. C	Bellevue College, N. Y	Mar. 3, 1864.
Eisbein, David	University of Buffalo	Feb. 26, 1878.
Farrington, Edwin H.	Buffalo Med. College	Feb. 27, 1867.
	Bellevue Med. College	Feb. 28, 1875.
Fowler, Joseph	Med. Dept. University of Buffalo	Feb. 25, 1873.
Foster, Hubbard A	Med. Dept. Harvard Univ. Boston. Mass	Mar. 8, 1877.
Frost, Henry C	Cleveland Homeopathic Med. College	Feb. 11, 1874.
Farrington, D. H	Buffalo Med. College	Feb., 1863.
Folwell, M. B.	Med. Dept. University of Buffalo	Feb., 1867.
Gould, William	Med. Dept. University of Buffalo	Feb. 27, 1850.
Granger, William D	Bellevue Hospital Medical College	Mar, 1879.
Gay, Charles C. F	Berkshire Medical Institution	1846.
Gail, Wm. H.	Medical Department University of Buffalo	Feb., 1864.
Greene, Joseph C	Albany Medical College	June 12, 1855.
Greene, S. S	Medical College of the University of N. Y	Mar., 1864.
Gueso, Carl H	Buffalo Medical University	Feb. 25, 1880.
Grove, Benjamin H	Medical University of Buffalo	Feb, 1880.
Greene, Walter D	University of Buffalo	Feb. 26, 1878.
Gigolsky, Bernhard	Königsberg Hospital, Prussia	Nov. 13, 1871.
Gipple, F. M	University of Buffalo	Feb. 25, 1880.
Hancock, Alexander S.	Toronto School of Medicine	Apr. 25, 1868.
	College of Phys. and Surg., Ontario, Canada.	Aug. 30, 1878.
Hubbell, Alvin A	University of Buffalo	Feb. 23, 1876.
Hoffmeyer, John A	Medical Department University of Buffalo	Feb. 25, 1880.
Haberstro, Joseph	Medical Department University of Buffalo	Feb, 1880.
Hoyer, Frederick F	Medical Department University of Buffalo	April, 1849.
Hauenstein, Jno	Geneva Medical College, State of N. Y	Jan., 1844.
Howard, Charles F	Medical Department University of Buffalo	Feb., 1878.
Harrington, D. W	Medical Department University of Buffalo	Feb., 1871.
Harvey, C. W.	Medical Department University of Buffalo	1838.
Harvey, Leon F	Jefferson Medical College, Pa	Mar., 1859.
Hill, John D	Medical Department University of Buffalo	Apr., 1849.
Hartwig, Marcell	Fred. Wilhelm's University at Berlin, Prussia	1873.
	State Censors of the State of New York	1879.

NAME.	GRADUATE OF	DATE.
Howe, Lucien	Royal College of Surgeons, England	July 23, 1873.
	Bellevue Medical College, Long Island	1872.
Hurd, S. Wright	Hahnemann Med. College of Philadelphia	Mar. 10, 1880.
Hoxsie, A. C	Cleveland Homeopathic Medical College	Feb., 1864.
Hopkins, H. R.	Medical Department University of Buffalo	Feb , 1867.
Hebenstreit, Robert	Medical Department University of Buffalo	Feb., 1872.
Halbert, John S	Buffalo Medical College	Feb., 1872.
Hill, Clayton L	Buffalo Medical College	Feb., 1864.
Heinemann, J. D	Cleveland Homeopathic Hosp. College	Feb. 17, 1875.
Henderson, Sallie B	College of Phys. and Surg , Buffalo, N. Y	Feb. 26, 1880.
Hoyt, Horace	Buffalo Medical College	June, 48.
Johnson, Thomas M	Buffalo Medical College	Feb., 1861.
Jackson, W. H	South Carolina University	June 4, 1873.
Johnston, E. E	Buffalo Medical College	Feb. 26, 1880.
Krug, Julius F	Medical College of Indiana, Department of Butler University	Mar. 1, 1878.
Kilbourne, H. S	University of Michigan	Mar., 1865.
Kenyon, William B	Homeopathic College of Philadelphia	Mar., 1874.
King, J. E	University of Buffalo	June, 1847.
Krombein, Louis E	Buffalo Medical College	Feb., 1860.
Kenyon, Lorenzo M	Homoepathic Medical College of Missouri	Feb , 1875.
Keene, Jos. W	Med. School of Harvard University	June 27, 1878.
Kamerling, Andrew	Med. Dept. University of Buffalo, N. Y.	Feb., 1864.
Lanigan, John A	University of the City of New York	Feb., 1876.
Little, Edward	Med. Dept. University of Buffalo	Feb., 1862.
Long, William E	Cleveland Homeopathic Hospital College	Feb. 25, 1880.
Lothrop, Thomas	University of Michigan	Mar. 25, 1858.
Loomis, Horatio N	The Faculty of the Medical College at Fairfield, Herk. Co., N. Y.	1828.
Lynde, U. C	Buffalo University	Feb., 1859.
	And Jefferson Med. Coll	Feb., 1866.
Lothrop, Benj. L	Bellevue Hospital Med. College	Feb., 1872.
Lewis, Geo. W	Med. Dept. University of New York	Mar., 1850.
Lewis, F. Park	Puelte Med. College	1876.
Lou See On	Lou Com Chong, a duly designated authority in Canton, China, July 28, in the 34th year of the reign of Ton Kong, Emperor of China	
McGill, W. D	H. H. College, Cleveland, O	Feb. 25, 1880.
McNeil, Dugald	Med. Dept. University of Buffalo	Feb. 20, 1871.
Myers, Reuben S	Med. Dept. University of Vermont	July 1, 1875.
Mynter, Herman	Med. Society of the State of N. Y	June 1, 1875.
McPherson, Geo. W	University of Michigan	Mar. 28, 1866.
McMichael, L. D	Eclectic Med. College of Philadelphia, Pa	Jan. 23, 1868.
Meisburger, Wm	University of Freiburg, Germany	
Miller, John G	University of Buffalo	Feb., 1876.
Moody, Mary B	University of Buffalo	Feb., 1876.
Mixer, S. F	Med. Dept. Yale Coll. and Phys. and Surg. N. Y. City	Mar., 1847.
McDonald, Samuel	Buffalo Med. College	Feb. 23, 1859.
Miner, Julius F	Albany Med. College	Jan. 26, 1847.
Mackay, Gustavus E	Med. Dept. University of Buffalo	Feb. 23, 1866.
McCrea, Philip A	Med. Dept. University of Buffalo	1875.
Marcley, James J	Coll. of Phys. and Surg., N. Y. City	Feb., 1873.
Matzinger, Charles	University of Wein, Germany	Jan. 17, 1830.
Murray, William D	National Med. College.	Mar., 1859.
Murray, Henry B	Bellevue Hospital Medical College	Feb., 1868.
Moore, Samuel H	College of Phys. and Surg., New York	Mar. 14, 1867.
Nichell, Henry	Medical Department University of Buffalo	Feb. 25,

NAME.	GRADUATE OF	DATE.
Nott, S. E. S. H	Castleton Medical College	Nov, 1844.
O'Connell, Patrick M.	Missouri Medical College	Mar. 2, 1877.
Osborne, Nehemiah	Buffalo University	Feb., 1863.
O'Brien, Edward C.W.	Buffalo Medical College	Feb., 1867.
Osborne, F. G.	Buffalo Medical College	Feb.,'68 or '69.
Pynchon, Edwin	Medical College of Ohio, Cincinnati, O	Mar. 2, 1876.
Pohle, John D. A.	Cleveland Medical College	Feb. 2, 1880.
Peterson, Frederick	Med. Department University of Buffalo	Feb., 1880.
Potter, Samuel	Academy of Medicine, Vt	Nov. 12, 1836.
Pierce, Franklin D	Univ. of the City of N. Y., Med. Dep't	Feb. 19, 1878.
Pattison, Geo. W	University of Buffalo	Feb. 24, 1869.
Packwood, W. J	Buffalo Medical College	Feb, 1876.
Pennell, Ezra	Buffalo Medical College	Feb. 27, 1867.
Parker, L. P. L	Buffalo Medical College	Feb. 22, 1854.
Phelps, Wm. C	Med. Department University of Buffalo	Feb. 22, 1866.
Pierce, Ray V	Eclectic Med. College of Cincinnati, O	Feb. 15, 1865.
Petsch, Charles F	Cleveland Homœopathic College	Feb, 1870.
Pettit, John A	Buffalo Medical College	Feb. 24, 1874.
Parnenter, W. L.	Homœopathic College of Cleveland, O	Feb. 12, 1873.
Rowe, George G	University of Toronto	June 10, 1879.
Ring, Charles A	Med. Department University of Buffalo	Feb 26, 1878.
Rochester, Thomas F.	Med. Dep't University of Pennsylvania	Feb., 1848.
Richmond, Ira	New York Medical College	June, 1856.
Rogers, Henry W	Buffalo Medical College	Feb. 25, 1880.
Retel, Casper	License by College of Physicians and Surgeons, Buffalo, 25 years' practice and candidated for graduation	Oct. 2, 1880.
Ring, William	University of Buffalo	June 16, 1847.
Rouse, M. D	Med. Dep't University of Pennsylvania	Mar., 1866.
Stumpf, Daniel B	Cleveland Homœopathic College	Feb, 1876.
Schade, Louis C. F	Licensed by the Medical Society of the State of New York	July 22, 1876.
Shaw, Merrill H	Medical College at Geneva, N. Y	1839.
Stanley, Fred. G	N. Y. Medical College, New York City	Mar., 1861.
Stockton, Chas. G	Med. Department University of Buffalo	Feb., 1878.
Sisson, Perry	American Health College, Cincinnati, O	Oct., 1876.
Storck, Edward	University of Michigan	Mar., 1854.
Searles, Macy B	Buffalo Medical College	Feb. 23, 1869.
Simson, J. R	Hom. Hosp. College, Cleveland, O	Feb., 1880.
Stearns, George R	N. Y. Homœpathic Medical College	Feb. 28, 1878.
Smith, Lee Herbert	University of Buffalo	Feb., 1877.
Slacer, William H	Medical University of Buffalo	Feb. 22, 1873.
Storck, Eugene E	Medical University of Buffalo	Feb., 1878.
Strong, Phineas H	Albany Medical College	Mar., 1839.
Samo, J. B	College of Phys. aad Surg., New York City	Mar. 28, 1832.
Sonnick, P. L	University of Wurzburg, Germany	Apr., 1853.
Smith, James S	University of Buffalo	Feb. 25, 1862.
Seymour, Abby Janet	Hahneman College, Chicago, Ill	Mar., 1873.
Sloan, James	Medical Department University of Buffalo	Feb. 22, 1870.
Sweetland, Fred W	Medical Department University of Buffalo	Feb., 1878.
Strong, Orville C	Medical Department University of Buffalo	1871.
Sperry, M. M	Licensed by S. W. Wetmore.	1880.
Shaw, M. B	Buffalo Medical College	1866.
Stevenson, James D. G.	44 years' practice, of which over 30 years has been in Buffalo, Erie Co., N. Y.	
Tyler, Clarence A	Western Reserve College, Hudson, O	Mar. 12, 1874.
Turner, A. F	Cleveland Homeopathic Hosp. Coll., O	Mar., 1875.
Thoma, L. Otto	Med. Department University of Buffalo,	Feb., 1870.
Tobie, E	Geneva Medical College, N. Y	Feb. 10, 1855.

NAME.	GRADUATE OF	DATE.
Treffehn, H.	University of Halle, Prussia	1846.
Thompson, Justin G.	University of Michigan	Mar. 27, 1861.
Turver, W. W.	Bellevue Hospital Med. College, N. Y.	Mar., 1879.
Thomas Cesar.	Grossherzoglich Badische, Albert Ludwig's Hochschule	Dec., 1877.
Taylor, T. B.	New York Central Med. Association	Sept., 1878.
Volker, Louis C.	Med. Dept. University of Buffalo	Feb., 1877.
Van Peyma, W.	University of Toronto	April, 1850.
	State Curators of N. Y.	June, 1860.
Van Peyma, J. W.	University of Goningen, Holland	1841.
Von Schulenberg, E.	Coll. of Physicians & Surg., Buffalo, N. Y.	Feb. 20, 1880.
Vaughn, Frank O.	Buffalo Med. Univ. State of New York	Feb. 25, 1880.
Van Peyma, P. W.	Med. Dept. University of Buffalo	Feb., 1872.
Walsh, John J.	Med. Dept. University of Buffalo	Feb. 25, 1871.
Weet, Elroy Sabin	Med. Dept. University of Buffalo	Feb. 24, 1874.
Wyckoff, Cornelius C.	Med. Dept. University of Buffalo	June, 1848.
Wiggins, D. B.	P. M. College of Cincinnati, O.	Feb. 16, 1846.
Wetzel, Charles H.	Med. Dept. University of Buffalo	Feb., 1876.
Walton, John Tompkins,	University of Pennsylvania at Phila., Pa.	Mar. 29, 1856.
Willoughby, Matthew.	Med. Dept. University of Buffalo	Feb., 1867.
White, Russel J.	New York Eclectic Medical College	Feb. 4, 1875.
Wenz, Julius.	University of Buffalo	Feb. 21, 1865.
Wetmore, Samuel W.	Med. Dept. University of Buffalo	Feb., 1862.
Warren, Samuel H.	Buffalo Medical College	Feb. 25, 1880.
Wall, Charles A.	University of Buffalo	Feb., 1879.
White, James P.	Jefferson Medical College of Phila.	Mar., 1834.
Wage, John F.	Detroit Homeopathic College	Feb. 12, 1874.
Willet, Phebe	Col. of Phys. and Surg., Syracuse, N. Y.	June 28, 1876.
Wolsey, C. F.	Ten years' Practice and Candidate for Graduation Col. Phys. & Surg., Buffalo,	
Wende, Ernest	Med. Dept. University of Buffalo	Feb. 28, 1876.
Waldruff, E. C.	Buffalo Medical University	Feb., 1880.
Whitten, Clarke	American Medical College of St. Louis	Jan. 30, 1874.
Zielinski, Jacob	Possen Medical Institute, Possen, Prussia	1864.

Reviews.

A Treatise on the Practice of Medicine. For the use of Students and Practitioners. By ROBERT BARTHOLOW, M. A., M. D., LL. D., Prof. of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1880.

This work of 850 pages octavo, is one that we can honestly and do most heartily recommend. The writer is well known as the author of a work upon Materia Medica and Therapeutics, one highly valued, but not more justly so than the present treatise. The author has had a large experience in the study and treatment of disease, and this is his apology for adding another to the already long list of text-books upon practice.

In his preface he reviews the special privileges enjoyed by himself in the study of disease.

"Serving as an officer of the Medical Staff of the United States Army in Kansas, Utah, Colorado, New Mexico, Minnesota, and during the war of the rebellion at Washington, Nashville, Chatanooga, Baltimore, etc., followed by an extensive practice (private and hospital) of sixteen years, at Cincinnati, I may justly claim to have enjoyed large opportunities for the clinical study of the diseases of the North American Continent. With one or two unimportant exceptions, I have had personal charge of the maladies treated of in this work, and have made them the subject of clinical demonstration and *post mortem* investigation, either privately or in public lectures."

While being well pleased with the work in every respect, we wish particularly to indicate our appreciation of the author's views upon treatment. He says: "The reader will find that I have no sympathy with the therapeutical nihilism of the day. * * Indeed there is no department of the subject in which it seemed to me so necessary to express positive opinions." Another great advantage is found in the fact that the later discoveries in Pathology have been incorporated.

In this respect the treatise is fully up to date and very complete. Both to student and practitioner we once more strongly and unreservedly recommend this work.

The Transactions of the Medical Association of the State of Missouri.

This is not a large volume, but contains among its papers one or two of special merit. The president, in his address, on "Medical Ultraisms" indulges in some hard hits at the expense of the gynæcologists, but in general it is marked by strong common sense views. From the report of the committee on medical education, it appears the schools in that portion of the country are being subjected to healthy criticisms, which in some instances, at least, cannot but prove beneficial.

Atlas of Skin Diseases. By LOUIS A. DUHRING, M. D, Professor of Skin Diseases in the Hospital of the University of Pennsylvania, &c. Part vii. Philadelphia: J. B. Lippincott & Co. 1880.

We have, in a previous number of the Journal, directed attention of the profession to this valuable atlas, designed by Prof. Duhring, to assist in the study of this obscure and difficult class of diseases. Part vii is of equal value to those that have preceded it, and gives large and accurate illustrations of Exzema Pustulosum, Impetigo Contagiosa, Syphiloderma Papulosum and Lupus Vulgaris. The text accompanying each plate gives a clinical lecture upon the disease illustrated in the plate. The work is designed to be a clinical digest in Dermatology. The plan is an excellent one, and the manner in which it has been executed thus far deserves, as it has already received, the highest encomiums of the profession. We shall look with interest for the succeeding numbers. The work, when completed, will constitute the most practical treatise upon skin diseases yet offered to the profession.

A Practical Treatise on Tumors of the Mammary Gland; embracing their Histology, Pathology, Diagnosis and Treatment. By SAMUEL W. GROSS, A. M., M. D., Surgeon to and Lecturer on Clinical Surgery in the Jefferson Medical College Hospital and the Philadelphia Hospital. New York: D. Appleton & Co.

Workers with the microscope now know how to use it, and are better able than ever to read rightly its teachings. They are started on the right road, and have already established many undisputed facts. So true is this of histology and pathology, that with a feeling of security never known before, investigators are speaking with authority, and are bringing their labors into a close test with clinical experience. Dr. Gross is the son of the well known surgeon, Samuel D. Gross, and to him this able monograph of 250 pages is dedicated. The object of the volume is to "reconcile clinical features and the minute structure of tumors of the mammary gland," according to the light of modern histological research. The deductions are founded upon the clinical study "of sixty-five cases of cysts, and nine hundred and two neoplasms, the nature of which has been confirmed by the microscope, and more than one-seventh of which are original." The work is at once original, scientific and practical. Its histology will receive the careful attention of the specialists; the surgeon will find it a guide and help; while the general practitioner, who would be informed, and desires to know what will be taught in our text-books and in our colleges, must study it. It is an effort that will add new honor to an honorable name, and of which we, as Americans, may all be proud as an example of original work and investigation.

A Manual of Minor Surgery and Bandaging. By CHRISTOPHER HEATH, F. R. C. S., Surgery to University Hospital, etc. Sixth edition, revised and enlarged. With one hundred and fifteen illustrations. Philadelphia: Lindsay & Blakiston. 1880.

The author is eminently a writer for students, and as such he is very successful. The present little book is written especially for young house-surgeons, and the author's aim has been to describe the treatment of the various accidents and emergencies coming under their care, and to call attention to those minor points, which are generally imparted only by oral instructions. Although written more especially for English house-surgeons, the duties and responsibilities of which are minutely described, it may be studied with advantage and pleasure by American students and young surgeons.

A New School Physiology. By RICHARD DUNGLISON, A. M., M. D., author of The Practitioner's Reference Book, editor of Dunglison's Medical Dictionary, &c., &c. Illlustrated with 117 engravings. Philadelphia: Porter & Coates.

A knowledge of the general structure of the body is most important to all young people and should be taught generally in our public schools. One of the best, if not the best text book on Physiology for such a purpose, is this new work of Dr. Dunglison. The publishers deserve credit for excellent presswork, and the illustrations are very good.

Health and Healthy Homes. A Guide to Domestic Hygiene. By GEORGE WILSON, A. M., M. D., Medical Officer, &c. With notes and additions by J. G. RICHARDSON, M. D., Professor of Hygiene in the University of Pennsylvania. Philadelphia: Presley Blakiston, 1012 Walnut street. 1880.

This work of 304 pages designs to be a trustworthy guide to Domestic Hygiene in all its branches. The author discusses the structure and function of the human body; the causes of disease; food and diet; cleanliness and clothing; exercise, recreation and training; the home and its surroundings; infectious diseases and their prevention. It will be seen that he has selected subjects of great practical interest and value to every household, and the treatment of these subjects is clear and practical. We know of no work of its size that commends itself to our judgment so thoroughly as this small compendium of physiology and hygiene.

Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears. Part I. By THOS. T. RUMBOLD, M. D. St. Louis: Geo. O. Rumbold & Co. 1880.

So much has been written and so many little books published of late about catarrh and its treatment, that a new book on the same subject can scarcely be said to be much needed. Still, in this book the author leaves the trodden path, and takes a new departure in treating especially the hygiene, and also the sanative measures to prevent catarrh, and from this point of view his little work is readable.

The Practitioner's Hand-Book of Treatment on the Principles of Therapeutics. By J. MILNER FOTHERGILL, M. D. Second American from the second English edition, enlarged. Philadelphia: Henry C. Lea's Son & Co. 1880.

This work differs considerably from other works on therapeutics, being an attempt to explain the rationale of our therapeutic measures on physiological grounds. Physicians are altogether too much in the habit of prescribing for the sick without making it clear for themselves, why they, under such and such conditions, choose such remedies. The author has tried and succeeded in remedying this defect in the medical education and produced a work in which therapeutics, physiology and pathology go hand in hand. We recommend it therefore most heartily to the profession.

Index Catalogue of the Library of the Surgeon General's Office, U. S. Army. Vol I. Washington : Government Printing Office. 1880.

This great work has been compiled under the supervision of Dr. J. S. Billings, U. S. A., and reflects the highest honor upon him. Commenced in 1873, the work has been carried on with wonderful industry and persistence. We have here a volume of over 1,000 pages, containing the titles of 9,090 authors, representing 14,429 volumes and pamphlets, 9,000 subject titles and 34,604 titles of articles in periodicals. The magnitude of the work can be estimated by the fact, that this volume of the Index only covers the letter A to Ber, the arrangement of the work being alphabetical. The Index when completed, and we hope there will be no hindrance to the rapid prosecution of the work, will form a respectable library of itself.

The Art of Prolonging Life. Edited by Erasmus Wilson, M. D.

Since it is a natural characteristic of the human heart to crave length of life—merely for life's sake, and irrespective of its good or evil condition—this excellent treatise on the subject, from the German of Christopher William Hufeland, and edited by Dr. Wilson, ought to find many interested readers. The simple natural rules laid down for the prolongation of man's earthly existence commend themselves to the common sense of all, the soundness of the ideas being further proved by numerous examples drawn from the history of the past. The original work was published nearly 100 years ago, still it is singular to observe how applicable to the present time is the advice given, and how needful to poor humanity "who know the right, but still the wrong pursue," is this reiteration of much that was already understood, yet daily disregarded.

CHIAN TURPENTINE

Introduced by Professor Clay, of Birmingham, Eng., as a remedy in Cancer. We can supply moderate quantities of the genuine drug.

TONGA.

A remedy introduced from the Fiji Islands Highly recommended by Drs. Ringer and Murrell, as a remedy in neuralgia.

HOANG NAN.

This new drug is in high repute in its native habitat, Anam and Tonquin, as a remedy in leprosy and in the bites of poisonous reptiles. It has been used with marked benefit in scrofula, constitutional syphilis, and in affections calling for the employment of a tonic alterative.

CHAULMOOGRA OIL.

An alterative of pronounced activity, especially in affections of a scrofulous nature. In chronic non-inflammatory skin diseases it may be given internally, and applied locally.

In leprosy, it has no equal in the materia medica.

—GOA POWDER.—

The source of Chrysophanic Acid, of which it yields 80 per cent. It may be advantageously substituted for the acid which is now well known for its efficacy in skin diseases, such as chronic eczema, psoriasis and other non-inflammatory affections of the skin.

PARKE, DAVIS & CO.

Manufacturing Chemists,

DETROIT, - - MICH.

Manufacture a full line of

U. S. Preparations, and are
special dealers in

NEW AND RARE DRUGS.

—MENTHOL.—

Otherwise known as Japanese Peppermint, is a valuable external application in neuralgia, particularly of the facial and intercostal variety. It is the basis of Po-ho-yo, long a secret preparation highly prized in neuralgia. It has met with much favor since its introduction into this country.

GURJUN BALSAM.

The following is a favorite prescription in the hospitals of Paris, as a remedy for gonorrhœa.

℞ Gurjun Balsam, ℨj.
Gum Arabic, ℨj.
Infusion of star
Anise, - ℨx.

Make an emulsion, to be taken in tablespoonful doses after each meal.

Alstonia Constricta.

A remedy sometimes confounded with Dita Bark or A. Scholaris, but not so active as that drug. It is, however, an active tonic, and may be employed with benefit in convalescence from ague.

Alstonia Scholaris.

Commonly known as Dita Bark, is a valuable anti-periodic and tonic, reputed also to have anthelmintic properties.

Waring says that it has proved valuable in chronic diarrhœa and the advanced stage of dysentery.

EXTRACT DUBOISIA.

This new mydriatic is introduced as a substitute for atropia, being more prompt in its action, and attended with none of the local or constitutional disturbance peculiar to the belladonna alkaloid. It is largely employed in eye practice.

POWELL & PLIMPTON,

WHOLESALE DRUGGISTS

297, 299 and 301 Washington Street, BUFFALO, N. Y.

Offer to the trade a full line of

Pure Drugs, Chemicals, &c.,

Among which may be found the Standard Pharmaceutical Preparations of

EDWARD R. SQUIBB, M. D.,

Chemicals from the manufactories of

POWERS & WEIGHTMAN,

CHARLES PFIZER & CO.,

ELIXIRS, FLUID AND SOLID EXTRACTS,

And other PHARMACEUTICAL goods from

CASWELL, HAZARD & CO.,

JOHN WYETH & BRO.,

BURROUGH BROTHERS.

A complete assortment of

SUGAR & GELATINE COATED PILLS & GRANULES of the several LEADING MAKES

Especial attention given to the selection of

PURE POWDERED DRUGS.

Our stock of

IMPORTED WINES and LIQUORS is not excelled in purity and age by any offered for medicinal purposes.

We are also sole proprietors and manufacturers of

E. Harries' Baking Powder.

FOR CONSUMPTION AND WASTING DISEASES.

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE in FLESH and WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonsful, equal to 120 drops contains.

Pure Oil	**80 m. (drops.)**	**Soda**	**1-3 grains.**
Distilled Water	**35 "**	**Boric Acid**	**1-4 "**
Soluble Pancreatin	**5 grains.**	**Hyocholic Acid**	**1-20 "**

DOSE.—Two teaspoonsful alone, or mixed with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a Treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY." by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M. D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

☞ **Copies of the valuable works will be sent free on application.**

HYDRATED OIL

HYDROLEINE

WATER AND OIL.

May be described as partially digested oil, which will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may de discontinued when the usual average weight has been permanently regained.

The ordinary so-called emulsions of Cod-Liver Oil and other facts, *whether pancreatized or not*, merely remain in the form of a course mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers, the deficiency of which is the most prominent symptom in these cases.

Hydroleine is not a patent medicine or a secret preparation; the formula is on every bottle. Can be taken by the most delicate stomach; is immediately assimilated.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod-Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying as it does the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive.

NEW PRINCIPLE FOR THE ASSIMILATION OF FAT

WILLIAM F. KIDDER, Agent for the United States.

Depot, 83 John Street, NEW YORK.

BE PARTICULAR TO GET THE GENUINE

KIDDER'S SACCHARATED PEPSINE.

TAKE NO OTHER.

OUR PEPSINE IS NOT SOLD IN BULK, the only way you get the genuine is in the original packages, as follows:

ONLY STYLES OF KIDDER'S SACCHARATED PEPSINE.

One ounce, four ounce, and eight ounce oblong white flint glass bottles, with our name (Kidder & Laird) blown in the bottle, and sixteen-ounce round (plain) bottles, all having on them our metallic caps and labels. THESE ONLY STYLES, THE GENUINE, are sold at 35 cents per ounce, in quantities less than a pound, and $4.50 by the pound.

CALIFORNIA.

Kidder & Laird. San Francisco, Cal., Sept. 13, 1878.
Gentlemen—I have used Kidder's Saccharated Pepsine in my own family with the most satisfactory results, and consider it one of the best preparations of the kind manufactured. Yours, etc., JAMES G. STEELE, Chemist.

Kidder & Laird. San Francisco, Cal., July 1, 1878.
Gentlemen—We find it very satisfactory, and will always purchase your brand hereafter.
Yours, etc., LAFORE & KAHN.

CONNECTICUT.

Kidder & Laird. Bridgeport, Conn., July 15, 1878.
Gentlemen—The physicians have used it in prescriptions, and think it a valuable preparation, and as good as they ever saw, and will give it the preference in their practice. I have been using Hawley's for the last five or six years.
Yours, etc., W. & E. SHELTON.

Kidder & Laird. Willington, Conn., Sept. 29, 1877.
Gents—Your elegant preparation of Pepsine has been received. I think it superior to any that I have ever used in my practice. Yours, etc., W. L. KELSEY, M.D.

ILLINOIS.

Kidder & Laird. Edgewood, Ill., July 11, 1878.
Gentlemen—I find Kidder's Saccharated Pepsine a fine article and very effective in conjunction with other treatments in cases of cholera infantum; would recommend it highly in such cases. Yours, etc., JOSEPH HALL, M.D.

Kidder & Laird. Millstadt, Ill., June 25, 1878.
Gentlemen—I have adopted the use of Kidder's Saccharated Pepsine in preference to any other. It has proved satisfactory in every respect.
Yours, etc., F. H. KRING.

Kidder & Laird. Stanton, Ill., July 30, 1878.
Gentlemen—Please send me one pound of Kidder's Saccharated Pepsine. This makes two and three-quarter pounds. I have used it mostly in prescriptions, and prescribed it in my practice, and find it a reliable article.
Yours, etc., GEO. BLEY, M.D.

Kidder & Laird. Stone Creek, Ill., June 15, 1878.
Gentlemen—I gave forty grains in ten-grain doses and it acted like a charm; shall use no other.
Yours, etc., L. HOBIE, M.D.

Kidder & Laird. Wellington, Ill., March 2, 1878.
Gentlemen—I shall be glad to avail myself of another supply when needed. I have tested it, and find it fully up to your representations.
Yours respectfully, DANIEL WESTON.

INDIANA.

Kidder & Laird. Galveston, Ind., July 8, 1878.
Gentlemen—I have given your Kidder's Saccharated Pepsine my careful attention and find it a splendid preparation. I can recommend it in my practice on account of its good quality. Yours, etc., B. U. LOOP.

Kidder & Laird. Indianapolis, Ind., July 12, 1878.
Gentlemen—Have given Kidder's Saccharated Pepsine in a number of cases of dyspepsia; also given it to the physicians in this locality, who were well pleased with the superior quality of it. Yours, etc., S. J. HILLMAN, M.D.

Kidder & Laird. Sullivan, Ind., July 11, 1878.
Gentlemen—I have prescribed your Saccharated Pepsine, and recommended it to several physicians, who have used it and pronounced it a first-class article.
Respectfully yours, H. MALOTT, M.D.

Kidder & Laird. Waterman, Ind., July 19, 1878.
Gentlemen—I have ascertained from three doctors in my neighborhood that your Kidder's Saccharated Pepsine is a better article than some of the more expensive preparations.
Yours, etc., OLIVER LA TOURETTE.

LOUISIANA.

Delhi, Richmond Park, La., March 20, 1878.
Kidder & Laird.
Gents—When in need of Pepsine will always order Kidder's in preference to all others, as I like it best.
Yours very respectfully, E. W. THOMSON.

Kidder & Laird. Mansfield, La., Jan. 31, 1878.
Gents—I know it to be an excellent remedy, and shall in future keep it always on hand, both for my practice and myself. Yours respectfully, R. T. GIBBS, M.D.

MARYLAND.

Kidder & Laird. Annapolis, June 20, 1878.
Gentlemen—Since the reception of your sample of Kidder's Saccharated Pepsine we have used no other. We consider it a first-class preparation. We have never heard anything to the contrary. We shall continue to dispense it unless well-founded objections are made which we do not fear. We purchase from Messrs. Thomsen & Muth.
Yours, etc., J. F. PERKINS & BRO.

Kidder & Laird. Baltimore, June 19, 1878.
Gentlemen—I am using Kidder's Saccharated Pepsine with a great deal of satisfaction. I tested it with Scheffer's and could not detect the least difference, and, in consequence, have had a number of pounds of yours, purchased from Thomsen & Muth. Yours, etc., ISAAC R. BEAM.

Kidder & Laird. Baltimore, June 19, 1878.
Gentlemen—Your Kidder's Saccharated Pepsine appears to be all you claim for it. I have not bought a grain elsewhere since I commenced using yours.
Yours, etc., C. A. GOSNELL.

Kidder & Laird. Baltimore, Md., June 20, 1878.
Gentlemen—Your Kidder's Saccharated Pepsine has given good satisfaction. It is all you claim for it. Will hereafter use none but Kidder's. Yours, etc., A. C. HUTHWELKER.

Kidder & Laird. 181 Lexington St., Baltimore, Md.
Gentlemen—Have used Kidder's Saccharated Pepsine for the past year with entire satisfaction. I use no other except specially prescribed. I obtain my supply from Messrs. W. H. Brown & Bro., or Messrs. Thomsen & Muth, Baltimore.
Yours, etc., H. C. MOORE, M.D.

Kidder & Laird. Baltimore, June 21, 1878.
Gentlemen—I have used Kidder's Saccharated Pepsine alongside Scheffer's Boudault's, and others, as ordered, and have no reason to believe yours below the standard.
Yours, etc., JOHN SCHWARTZ.

Kidder & Laird. Cumberland, Md., Jan 21, 1878.
Dear Sirs—Kidder's Saccharated Pepsine meets every want of the physicians here. Very truly, J. F. ZACHARIAS.

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KIDDER & LAIRD, 83 JOHN STREET, N. Y.

FOR SALE AT ALL WHOLESALE AND RETAIL DRUGGISTS.

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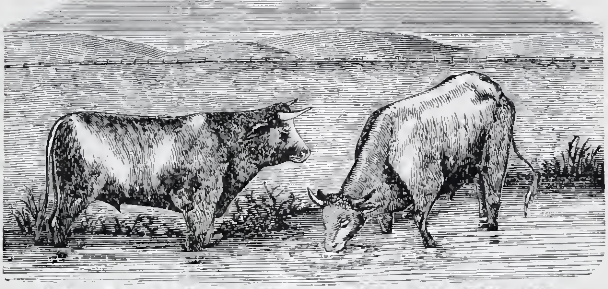

FLUID BEEF

The only preparation which combines the entire insoluble properties, albumen and fibrin, with the ordinary extract, essence or soluble salts of beef, as offered by all other processes of manufacture, and therefore the whole nutriment of beef. Keeping with the can open for an indefinite time without becoming tainted, and the most economical preparation in the market.

JOHNSTON'S FLUID BEEF

Has been accepted with great favor by the medical profession of the United States since its introduction into this country, and is now extensively used by the British and United States Governments, and the leading College Hospitals here and abroad.

OPINION OF THE "LONDEN LANCET."

"The pecularity of this preparation is that the ordinary extract is mixed with a portion of the muscular fibre in a state of such fine division that the microscope is required to identfy it. It is unnecessary to say that the actual food value of the beef-tea is very greatly increased by this admixture, and the Medical Profession have now a Fluid Meat which is comparable in nutritive power with the solid."

JOHNSTON'S FLUID BEEF

Is digestible by the feeblest, is of a delicious flavor, and is used alike in the sick-room and in the larder for the preparation of soup, etc.

By Wm. Harkness, F. C. S., L., Analytical Chemist to the British Government:
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I have made a very careful chemical analysis and microscopical examination of Johnston's Fluid Beef, and find it to contain in every 100 parts:

Moisture,- - - - - - -	26.14	
Albumen and Gelatine, - - - -	21.81	Nitrogenous or Flesh forming Food.
Fibrin in a readily soluble form, -	37.48	
Ash or Mineral Matter, - - -	14.57—100.00.	

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FELLOWS'

SYRUP OF HYPOPHOSPHITES

CONTAINS THE ESSENTIAL ELEMENTS to the Animal Organization—Potash and Lime;

THE OXIDIZING AGENTS—Iron and Manganese;

THE TONICS—Quinine and Strychnine; and

THE VITALIZING CONSTITUENT—Phosphorus,

Combined in the form of a Syrup, with a SLIGHTLY ALKALINE REACTION.

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED ITS HIGH REPUTATION with the profession in America many years, and for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other wasting diseases, no successful substitute has been found.

ITS ACTION IS PROMPT, stimulating the appetite, the digestion and assimilation, entering directly into the circulation; it tones the nerves and muscles and promotes a healthy flow of the secretions.

EACH BOTTLE of FELLOWS' HYPOPHOSPHITES contains 128 doses.

Prepared by **JAMES I. FELLOWS**, Chemist,

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BELLADONNA PLASTER

SEABURY & JOHNSON.

IN RUBBER COMBINATION. Recent analytical tests conducted by Prof. R. O. Doremus, of Bellevue Hospital Med. College, and J. P. Battershall, Ph. D., analytical chemists, New York, to determine the comparative quantities of atropine in Belladonna Plaster, prepared by several American manufacturers, disclosed in each test, the fact that our article contained a greater proportion of the active principle of Belladonna than any other manufactured. Samples of the Plasters, including our own, for this test, were procured in open market by the above-named chemists themselves. In the preparation of this article, we incorporate the best alcoholic extract of Belladonna only, with the rubber base. It is packed in elegant tin cases (one yard in each case,) which can be forwarded by mail to any part of the country.

Price, by mail, post-paid, $1.00.

HUMAN SKELETONS.

I keep constantly on hand a full assortment of Human Skeletons, well bleached, inodorous, and beautifully mounted by French workmen. Also *unmounted* Skeletons and Skulls. Skulls with various sections,—horizontal and vertical. Also Arms and Legs, Hands and Feet, all nicely and artistically mounted, with parts separable. Send 4 green stamps for Catalogue of Human Skeletons and Anatomical Preparations to

Prof. HENRY A. WARD,
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N. B.—Ward's Natural Science Establishment supplies cabinet and single specimens of Minerals, Rocks, Fossils, Stuffed Animals, Skeletons in all natural orders, Shells, Corals, Sponges, &c., &c.

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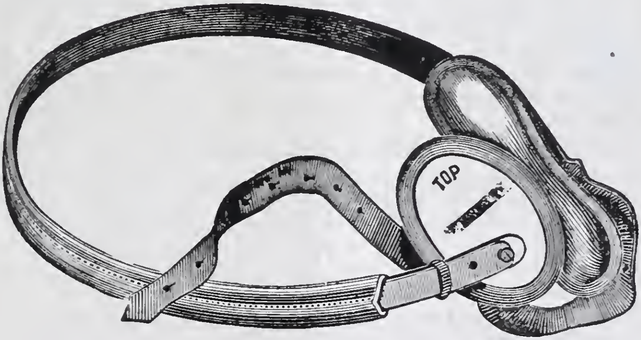
Of Known Purity and Strength used only.

PURE CHEMICALS, NEW REMEDIES,

And all Recognized Remedial Agents, always on hand.

FRESH SWEDISH LEECHES.

TRUSSES



TRUSSES

ABDOMINAL SUPPORTERS,

Shoulder Braces, Elastic Stockings, &c.

Special attention paid to the fitting of Trusses; a "fit" guaranteed in all cases. Physicians in the country can obtain a satisfactory instrument by sending the measurement of the patient round the entire body on a line with the Rupture. State whether right or left side; or if both sides, give us the distance between the centre of the two openings after the intestines are returned into the abdomen, and which side is the worse, if any difference, and all particulars, if any.

WYETH'S CHLORODYNE.

ANODYNE, SEDATIVE, ANTISPASMODIC AND DIAPHORETIC.

This invaluable preparation produces all the anodyne, sedative, antispasmodic and diaphoretic effects of other opiates, without giving rise to the nausea, prostration, loss of appetite, and depression of spirits, which are so apt to follow the use of the latter, and are sometimes so distressing as to preclude the employment of such articles where they would otherwise be strongly indicated.

Chlorodyne is free from any such objection. It has been very extensively prescribed by the most eminent physicians, both in this country and abroad, and has gained steadily in favor, the longer it has been tried. It relieves pain, relaxes spasm, soothes the irritated nerves, and promotes sleep without inducing any unpleasant after-effects.

These advantages are especially marked in all forms of Gout, Rheumatism and Neuralgia; in Colic, Diarrhœa, Dysentery, Cholera Morbus, and Asiatic or Epidemic Cholera. (The testimony to its virtue in this latter affection, from those who have had abundant opportunity for witnessing its trial in India and elsewhere, is positive and convincing); in painful menstruation, or Dysmenorrhœa, in Uterine Colic, and in Hysteria.

In cases of Insomnia or Sleeplessness, especially in those due to the effects of dissipation, with great irritability of stomach.

In cases of Asthma, Bronchitis, Consumption, Whooping-Cough, Angina Pectoris, and in all chest diseases attended with pain.

In Renal or Nephritic Colic, from the passage of a stone from the kidney to the bladder.

In Tetanus, Epilepsy, and in many forms of convulsions.

It will be found specially useful in the Neuralgic and other headaches from which females suffer so severely, as its use does not induce the disagreeable relaxing effect almost invariably the case with all other Anodynes.

We might extend and particularize this list to a much greater length, but it would be needless to do so.

We believe physicians will find the Chlorodyne manufactured by us superior to the English, or any other made in this country. We use the Ext. Cannabis Indicæ manufactured by Peter Squire, of London.

DIRECTIONS.—The Adult dose of our Chlorodyne is twenty drops, to be repeated, if relief is not experienced, every hour or two, until three doses are taken. Even this quantity may be increased, but only by direction and advice of the physician. The dose for children, from five to ten years of age, is from three to ten drops repeated as often.

(It should be remembered that on account of its pungency, this article should always be administered in a little water or syrup, when it is not combined with other remedies.)

Manufactured solely by

JOHN WYETH & BRO.,
PHILADELPHIA.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1880–1881.

THE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session. THE REGULAR SESSION will begin on Wednesday, September 15, 1880, and end about the middle of March, 1881. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. THE SPRING SESSION consists chiefly of recitations from Text Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

FACULTY.

ISAAC E. TAYLOR, M. D.
Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the Faculty.

JAMES R. WOOD, M. D. LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D. LL. D.
Prof. of Clinical Midwifery & Diseases of Women

BENJAMIN W. McCREADY, M. D.,
Emeritus Professor of Materia Medica and Therapeutics, and Prof. of Clinical Medicine.

AUSTIN FLINT, M. D.,
Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M. D., LL. D.,
Prof. of Principles and Practice of Surgery, Dis. of Genito-Urinary System, and Clinical Surgery.
LEWIS A. SAYRE, M. D.,
Prof. of Orthopedic Surgery and Clinical Surgery.
ALEXANDER B. MOTT, M. D.,
Prof. of Clinical and Operative Surgery.
WILLIAM T. LUSK, M. D.,
Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

A. A. SMITH, M. D.,
Prof. of Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M. D.,
Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
JOSEPH D. BRYANT, M. D.,
Prof. of General, Descriptive & Surgical Anatomy.
R. OGDEN DOREMUS, M. D., LL. D.,
Prof. of Chemistry and Toxicology.
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Prof. of Path. Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

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J. LEWIS SMITH, M. D.,
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Prof. of Dermatology and Adjunct to the Chair of Principles of Surgery.
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BEVERLY ROBINSON, M. D.,
Lecturer on Clinical Medicine.
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Lecturer on Diseases of the Throat.
CHARLES A. DOREMUS, M. D., PH.D.,
Lecturer on Practical Chemistry and Toxicology, and Adjunct to the Chair of Chemistry and Toxicology.
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WILLIAM H. WELCH, M. D.,
Demonstrators of Anatomy.

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Lecturer on Pharmacology.
WILLIAM H. WELCH, M. D.,
Lecturer on Pathological Histology.
CHARLES A. DOREMUS, M. D., PH.D.,
Lecturer on Animal Chemistry.

T. HERRING BURCHARD, M. D.,
Lecturer on Surgical Emergencies.

Lecturer on Normal Histology.
CHARLES S. BULL, M. D.
Lecturer on Ophthalmology and Otology.

THE FEES for the REGULAR SESSION are as follows:—Fees for the first and second year, each, $140; Fees for all third-year Students and for all Graduates of other Colleges, $100; Matriculation Fee, $5; Dissection Fee (including material for dissection), $10; Graduation Fee, $30, or $10 for each of the three yearly examinations. The following are the FEES for the SPRING SESSION:—Matriculation (Ticket valid for the following Winter), $5; Recitations, Clinics and Lectures, $35; Dissection (Ticket valid for the following Winter), $10.

MATRICULATION EXAMINATION.—The matriculation examination will consist of English composition (one foolscap page of original composition upon any subject, in the handwriting of the candidate); Grammar, an examination upon the above-mentioned composition; Arithmetic, including vulgar and decimal fractions; Algebra, including simple equations; Geometry, first two books of Euclid. This examination will be waived for those who have received the degree of A. B., those who have passed the freshman examination for entrance into any incorporated literary college, those who present certificates of proficiency in the subjects of the matriculation examination from the principal or teachers of any reputable high school, and those who have passed a matriculation examination at any recognized medical college or at any scientific school or academy in which an examination is required for admission.

☞For the Annual Circular and Catalogue, giving full Regulations for Graduation and other information, address

Prof. AUSTIN FLINT, Jr., Secretary Bellevue Hospital Medical College.

University of Buffalo.

MEDICAL DEPARTMENT.

SESSION OF 1880-81.

The Annual Course of Lectures in this Institution commences on

Wednesday, October, (6th), and continues twenty weeks.

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JAMES P. WHITE, M. D., Professor of Obstectrics and Gynecology.
THOMAS F. ROCHESTER, M. D., Professor of the Principles and Practice of Medicine.
EDWARD M. MOORE, M. D., Professor of the Principles and Practice of Surgery.
WILLIAM H. MASON, M. D., Professor of Physiology and Microscopic Anatomy.
JULIUS F. MINER, M. D., Professor of Special and Clinical Surgery.
E. V. STODDARD, M. D., Professor of Materia Medica and Hygiene.
C. A. DOREMUS, Ph. D., M. D., Professor of Chemistry and Toxicology
CHARLES CARY, M. D., Professor of Anatomy.

WM. C. PHELPS, M. D., Demonstrator of Anatomy

JAMES P. WHITE, M. D., President of the Faculty.
CHARLES CARY, M. D., Secretary of the Faculty.

Clinical advantages are offered, both in general and special Departments, which, for practical interest and value, are unsurpassed. The Buffalo General Hospital and the Buffalo Hospital of the Sisters of Charity, which receive patients from a city population of about 200,000 and from a widely extended surrounding region, are both accessible to the college classes.

The Medical Clinics, held at both hospitals, are under the charge of Professor Thomas F. Rochester, whom the students accompany in visits to the hospital wards, where opportunity is presented for the close personal observation and examination of disease, and by whom clinical instruction in diagnosis and treatment is given at the bedside and hospital amphitheatre.

The Clinics in Surgery are held at both hospitals and at the surgical lecture rooms of the College, under direction of Professor Julius F. Miner, where extensive opportunities for observation of surgical and venereal diseases, fractures and dislocations, are afforded, and in the amphitheatres of which are performed all important operations in general surgery, ophthalmology and orthopœdy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term.

The course in Physiology, by Professor William H. Mason, is illustrated by abundant vivisectional and demonstrative experiments.

The various departments of instruction are under the charge of energetic and able teachers, who are fully abreast with the times and who endeavor to present recent and enlightened views, and to impart thorough, practical imformation in the duties of the Profession.

The Museum of the College contains a large number of morbid specimens, casts and interesting preparations, which are made available in the several departments.

Ample facilities for the practical study of Anatomy are afforded in spacious and well lighted Dissecting Rooms, where abundant material may be had at low rates.

The Demonstrator will be in daily attendance and the Dissecting-rooms will be open during the first ten weeks of the Course.

The fee for the Tickets of all the Professors amounts to $100. Matriculation fee: (annually) $5.00. For those who have attended two courses elsewhere the fee is $50.00. The alumni of this College are entitled to perpetual free admission. All who have attended two full courses at this institution, are entitled to all the tickets on Matriculating. Perpetual Ticket $150.00, admitting the owner to as many courses as he wishes to attend.

No hospital fees are required; the Faculty assuming to pay for the admission of all members of the class, without extra charge to them.

Graduation fee $25.00. Graduates of any respectable college, after three years' practice, will receive all the tickets on payment of the matriculation fee.

The fee for the ticket of the demonstrator of anatomy is $5.00, which is optional except for one term before graduation.

Board can be obtained in respectable families at from $4.00 to $6.00 per week.

For further information or circular, address

CHARLES CARY, M. D.,
210 DELAWARE ST.,
Secretary of the Faculty

BUFFALO, March, 1880.

Nauert & Klein, Engravers and Printers.

University of Buffalo.

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C. A. DOREMUS, Ph. D., M. D., Professor of Chemistry and Toxicology
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Clinical advantages are offered, both in general and special Departments, which, for practical interest and value, are unsurpassed. The Buffalo General Hospital and the Buffalo Hospital of the Sisters of Charity, which receive patients from a city population of about 200,000 and from a widely extended surrounding region, are both accessible to the college classes.

The Medical Clinics, held at both hospitals, are under the charge of Professor Thomas F. Rochester, whom the students accompany in visits to the hospital wards, where opportunity is presented for the close personal observation and examination of disease, and by whom clinical instruction in diognosis and treatment is given at the bedside and hospital amphitheatre.

The Clinics in Surgery are held at both hospitals and at the surgical lecture rooms of the College, under direction of Professor Julius F. Miner, where extensive opportunities for observation of surgical and venereal diseases, fractures and dislocations, are afforded, and in the amphitheatres of which are performed all important operations in general surgery, ophthalmology and orthopœdy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term.

The course in Physiology, by Professor William H. Mason, is illustrated by abundant vivisectional and demonstrative experiments.

The various departments of instruction are under the charge of energetic and able teachers, who are fully abreast with the times and who endeavor to present recent and enlightened views, and to impart thorough, practical information in the duties of the Profession.

The Museum of the College contains a large number of morbid specimens, casts and interesting preparations, which are made available in the several departments.

Ample facilities for the practical study of Anatomy are afforded in spacious and well lighted Dissecting Rooms, where abundant material may be had at low rates.

The Demonstrator will be in daily attendance and the Dissecting-rooms will be open during the first ten weeks of the Course.

The fee for the Tickets of all the Professors amounts to $100. Matriculation fee: (annually) $5.00. For those who have attended two courses elsewhere the fee is $50.00. The alumni of this College are entitled to perpetual free admission. All who have attended two full courses at this institution, are entitled to all the tickets on Matriculating. Perpetual Ticket $150.00, admitting the owner to as many courses as he wishes to attend.

No hospital fees are required; the Faculty assuming to pay for the admission of all members of the class, without extra charge to them.

Graduation fee $25.00. Graduates of any respectable college, after three years' practice, will receive all the tickets on payment of the matriculation fee.

The fee for the ticket of the demonstrator of anatomy is $5.00, which is optional except for one term before graduation.

Board can be obtained in respectable families at from $4.00 to $6.00 per week.

For further information or circular, address

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